

Certified as a Regulation (or
Regulations) of the

STATE DEPARTMENT OF SOCIAL WELFARE

(Name of State Agency)

Elizabeth B. Ma. Lohr
(Signature)

Administrative Consignment
(Title)

JUNE 22, 1948

(Date)

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

616 K STREET
SACRAMENTO 14

June 22, 1948

W&IC 118, 1561

DEPARTMENT BULLETIN NO. 321 (ANC)

TO: COUNTY BOARDS OF SUPERVISORS
COUNTY WELFARE DEPARTMENTS
COUNTY AUDITORS
SAN FRANCISCO JUVENILE COURT
LOS ANGELES JUVENILE COURT

Subject: Characteristics of a Selected
Group of Families Receiving Aid
to Needy Children During
May, 1948

The Social Security Administration has requested certain data on a sample of families receiving Aid to Needy Children in May, 1948.

This study will cover race, legal classification for granting assistance, marital status of parents, whereabouts of parents, reason for dependency, amount of grant, amount of budget, amount of income, and number of persons included in budget. The number of cases covered in the study will approximate 4% of the family caseload.

In order to expedite the study and to reduce the work of county welfare departments only the most essential items have been included. In addition the State Department has undertaken part of the work of completing the schedules.

Cases will be selected from the voucher claims submitted by the counties. The name of payee, number of children, state case number, and the amount of the May grant will be completed by the State Department of Social Welfare. Schedules thus completed will be sent to the counties for entry of remaining items. Completed schedules are to be returned to the Bureau of Research and Statistics, Sacramento, so as to reach that office not later than July 30, 1948.

Forms and instructions are being sent under separate cover to the county welfare departments.

Your cooperation will be appreciated.

FILED

in the office of the Secretary of State
of the State of California

~~JUN 30 1948~~ JUL 1 - 1948

At 9.30 o'clock 9. M.

FRANK M. JORDAN, Secretary of State

By *Robert L. Jordan*
Assistant Secretary of State

Very sincerely yours,

Charles M. Wollenberg

CHARLES M. WOLLENBERG, Director
Department of Social Welfare

MAIN OFFICE
SACRAMENTO
616 K STREET
(14)

LOS ANGELES OFFICE
WASHINGTON BUILDING
311 SOUTH SPRING STREET
(13)

SAN FRANCISCO OFFICE
GRAYSTONE BUILDING
948 MARKET STREET
(2)

Earl Warren
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES M. WOLLENBERG
DIRECTOR

Sacramento
June 29, 1948

SOCIAL WELFARE BOARD

BEN KOENIG, CHAIRMAN
1680 NORTH VINE STREET
LOS ANGELES

MRS. RUBY BACIGALUPI
1870 JACKSON STREET
SAN FRANCISCO

JOHN C. CUNEO
922 J STREET
MODESTO

GORDON X. RICHMOND
84 PLAZA
ORANGE

REV. THOMAS H. MARKHAM
413 NATIVE SONS' BUILDING
SACRAMENTO

JOHN T. MARTIN
1170 SEVENTH AVENUE
SAN DIEGO

MRS. JESSIE S. WILLIAMSON
2816 OAK KNOLL TERRACE
BERKELEY

Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

FILED

in the office of the Secretary of State
of the State of California

~~JUN 30 1948~~ JUL 1 - 1948

At 9:30 o'clock 4. M.

FRANK M. JORDAN, Secretary of State

By *Robert Jordan*
Assistant Secretary of State

IN REPLY PLEASE REFER
TO: IN 468

My dear Mr. Jordan:

Attached are three copies of the following regulations
issued by the State Department of Social Welfare:

DEPARTMENT BULLETIN NO. 321 (ANC) (Emergency Regulation)
DEPARTMENT BULLETIN NO. 322 (WS) (Emergency Regulation)

These regulations were adopted by the State Social Welfare
Board pursuant to the powers conferred upon it by the Welfare and
Institutions Code under Sections 103.5, 120, 120.5, and are being
filed in accordance with Section 11380 of the Government Code.

These regulations were adopted by the State Social Welfare
Board to be effective immediately upon filing with the Secretary
of State (July 1, 1948), since this has been found necessary for
the immediate preservation of the public peace, health and safety
or general welfare and that notice and public procedure thereon are
impracticable, unnecessary or contrary to the public interest.

Very sincerely yours,

Charles M. Wollenberg
CHARLES M. WOLLENBERG, Director
Department of Social Welfare

468:e65
Attachments

cc: Mr. Ralph N. Kleps
Department of Professional and Vocational Standards
Division of Administrative Procedure
516 Business and Professions Building
Sacramento, California

Certified as a Regulator (or
Regulations) of the

STATE DEPARTMENT OF SOCIAL WELFARE

(Name of State Agency)

Elizabeth B MacLachlan
(Signature)

Administrative Assistant
(Title)

JUNE 22, 1948

(Date)

CHARLES M. WOLLENBERG
Director

EARL WARREN
Governor

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

616 K STREET
SACRAMENTO 14

June 29, 1948

W&IC 120, 120.5

DEPARTMENT BULLETIN NO. 322 (WS)

TO: COUNTY BOARDS OF SUPERVISORS
COUNTY WELFARE DEPARTMENTS
COUNTY AUDITORS

Subject: Civilian War
Assistance Claims

Department Bulletin No. 316 (WS) is rescinded.

Claims previously barred because they were not registered by February 29, 1948, and submitted by March 31, 1948, will be presented to the Federal Government for payment as long as funds are available for this purpose.

It is anticipated that balances of Federal War Services funds in the state will be withdrawn by September 1, 1948. All services under the program must be rendered on or before June 30, 1948.

Very sincerely yours,

Charles M. Wollenberg

CHARLES M. WOLLENBERG, Director
Department of Social Welfare

FILED

in the office of the Secretary of State
of the State of California

~~JUN 30 1948~~ JUL 1 - 1948

At 9.30 o'clock P. M.

FRANK M. JORDAN, Secretary of State

By *Robert V. Jordan*
Assistant Secretary of State

1
TITLE 22
CH2
Certified as a Regulation (or
Regulations) of the

STATE DEPARTMENT OF SOCIAL WELFARE

(Name of State Agency)

Elizabeth R Mac Lachlan
(Signature)

Administrative Assistant
(Title)

JUNE 22, 1948

(Date)

MAIN OFFICE
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(2)

Earl Warren
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES M. WOLLENBERG
DIRECTOR

Sacramento
June 29, 1948

FILED
in the office of the Secretary of State
of the State of California

~~JUN 30 1948~~ JUL 1 - 1948

At 9.30 o'clock 9. M.
FRANK M. JORDAN, Secretary of State
By *Robert J. Jordan*
Assistant Secretary of State

SOCIAL WELFARE BOARD

BEN KOENIG, CHAIRMAN
1680 NORTH VINE STREET
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2816 OAK KNOLL TERRACE
BERKELEY

Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

IN REPLY PLEASE REFER
TO: IN 468

My dear Mr. Jordan:

Attached are three copies of the following regulations
issued by the State Department of Social Welfare:

MANUAL LETTER NO. 120

These regulations were adopted by the State Social Welfare Board pursuant to the powers conferred upon it by the Welfare and Institutions Code under Section 103, 103.5, 103.6, and 114b, and are filed in accordance with provisions of Section 11380 of the Government Code.

Regulations contained in Sections 610-60, 626-00, 626-20, 626-40, 626-50, 627-20, 627-30, 645-71, 645-76 and 645-81 were adopted to be effective immediately upon filing with the Secretary of State (July 1, 1948), since this has been found necessary for the immediate preservation of the public peace, health and safety or general welfare and that notice and public procedure thereon are impracticable, unnecessary or contrary to the public interest.

Very sincerely yours,

Charles M. Wollenberg
CHARLES M. WOLLENBERG, Director 23m
Department of Social Welfare

468:e65
Attachments

cc: Mr. Ralph N. Kleps
Department of Professional and Vocational Standards
Division of Administrative Procedure
516 Business and Professions Building
Sacramento, California

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

616 K STREET
SACRAMENTO 14

July 2, 1948

FILED

in the office of the Secretary of State
of the State of California

JUL 1 - 1948

~~JUN 30 1948~~

At 9.30 o'clock 9. M.

FRANK M. JORDAN, Secretary of State

By *Frank M. Jordan*
Assistant Secretary of State

MANUAL LETTER NO. 120

The attached revisions are to be entered in your Manual of Public Assistance Policies and Procedures and the revision numbers canceled on the separators of the revised chapters. The revision numbers are as follows:

Citizenship	Revision 17
Residence	Revision 61
Financial Procedures	Revisions 373 thru 384

These revisions were adopted by the Social Welfare Board on June 25, 1948, and are effective as follows:

<u>July 1, 1948</u>		<u>August 1, 1948</u>
610-60	627-20	116-60
626-00	627-30	123-05
626-20	645-71	
626-40	645-76	
626-50	645-81	

Sec. 116-60 regarding the repatriation of American born women who lost citizenship solely by marriage to an alien prior to September 22, 1922, has since been revised to point out that the oath of allegiance is required only in certain circumstances.

Sec. 123-05 as revised includes the requirement that a recipient who leaves the state shall report his intent with regard to residence. This provision was previously omitted in error.

Secs. 610-60 and 627-30 have been revised to make clear that there is no federal participation in ANB grants for inmates of federal hospitals.

The revisions to Secs. 626-00, 626-20, 626-40, 626-50, and 627-20 bring these sections into conformity with the change in claiming county hospital subvention on a quarterly rather than a monthly basis.

Secs. 645-71, 645-76, and 645-81 regarding time recording and the allocation of administrative expense have been revised for minor changes in policy and for clarification of existing policy.

Department Bulletin 318, issued March 26, 1948, is now obsolete.

- 116-60 REPATRIATION OF WOMEN

116-60

A woman who was a citizen at birth and who was expatriated solely by marriage to an alien between March 2, 1907, and September 22, 1922, might have regained her citizenship under certain conditions prior to September 22, 1922.

- (1) If she was residing abroad at the termination of the marriage, she could resume U.S. citizenship by registering with a Consul of the U.S. as a U.S. citizen within one year following the termination of the marriage, or by return to the U.S. to reside.
- (2) If she was residing in the U.S., citizenship was automatically restored to her upon termination of the marriage, provided such termination took place prior to September 22, 1922.

A woman who was a citizen at birth and who was expatriated solely by marriage to an alien prior to September 22, 1922, may be found to have been repatriated since September 22, 1922. (See Sec. 116-20, Expatriation by Marriage)

- (1) If the woman has resided continuously in the U.S. since the date of the marriage she regained citizenship on June 25, 1936, regardless of whether the marriage has terminated.
- (2) If the woman has not resided continuously in the U.S. since the date of the marriage and her marriage to the alien has terminated, she regained citizenship
 - (a) on July 2, 1940, if the marriage terminated between September 22, 1922, and July 2, 1940,
 - (b) on the date of termination of marriage if the marriage terminated between July 2, 1940, and January 13, 1941, or
 - (c) on the date on which she took the oath of allegiance if the marriage terminated subsequent to January 13, 1941. (U.S. Imm. & Nat. Serv.)

116-70 REPATRIATION OF PERSONS SERVING IN ALLIED ARMIES

116-70

Former American citizens who lost their citizenship by taking an oath or obligation in order to enter the service of the Allies during the World War may be repatriated by taking the oath of allegiance to the U.S. before a court having naturalization jurisdiction or before any U.S. Consul.

Certificates of repatriation may be issued by the Commissioner of the Immigration and Naturalization Service at a cost of one dollar to those individuals who desire to resume citizenship in this way. (U.S. Imm. & Nat. Serv.)

116-40 EXPATRIATION OF CHILDREN NOT EFFECTED

116-40

A native-born American citizen can not renounce allegiance to the U.S. during his minority.

A child born in the U.S. and taken during minority to the country of his parents' birth where his parents resume their former allegiance does not thereby lose citizenship, provided that, on attaining majority, he elects to retain his citizenship and to return to the U. S. to assume the duties of citizenship.
(U.S. Imm. & Nat. Serv.)

116-45 EXPATRIATION NOT EFFECTED BY CONVICTION OF FELONY OR IMPRISONMENT

116-45

The conviction of a felony does not deprive a person of citizenship and citizenship is not suspended during the period of incarceration. Conviction of a felony merely revokes certain attributes of citizenship, such as voting, holding office, etc. All persons born or naturalized in the U.S. and subject to the jurisdiction thereof are citizens of the U. S. and of the state wherein they reside. (U. S. Imm. & Nat. Serv.)

116-50 DEFINITION OF REPATRIATION

116-50

Repatriation is the process of regaining a citizenship once lost. In certain exceptional cases, Congress has granted citizenship to certain former citizens. In some instances, such statutes cover individuals; in others they apply to groups.

Repatriation may be effected by the presidential pardon of a person convicted of desertion from the military or naval forces of the U.S. in time of war.

It may also be accomplished by naturalization which, in some instances, does not require all the steps outlined in Sec. 113-75. (The Process of Individual Naturalization.) (U.S. Imm. & Nat. Serv.)

123-20 RETURN FROM OUT OF STATE TO COUNTY OF RESIDENCE
AFTER AID DISCONTINUED
OAS, ANB, APSB, ANC

123-20

A former recipient of aid or a child formerly receiving ANC whose aid has been discontinued for cause during absence from the State, but who has retained California residence by intent or, if a child, by the parent's intent or act and intent, would not have interrupted his California residence by such absence and aid may begin immediately upon physical return to the State. The fact that residence was retained and that need continues shall be verified.

This section is not pertinent to children receiving ANC who were born in California or to ANB or APSB recipients who became blind while California residents, as they are eligible to restoration of aid immediately upon physical return to the State regardless of loss or retention of State residence and dependent only on continuance of other eligibility status.

Neither does this section apply to children receiving ANC who were born out of California nor to minor recipients of ANB or APSB who became blind while not residents of this State, if such minors' State residence is contingent upon their own physical presence in California. (W&IC 1525, 1526, 1560, 2140, 2160, 3040, 3043, 3075, 3430, 3431, 3460)

122-75 INTER-COUNTY TRANSFER OF AID BECAUSE OF WOMAN RECIPIENT'S MARRIAGE
OAS, ANB, APSB, ANC**122-75**

A woman recipient of aid, or in ANC the mother or guardian, who marries a resident of another county ordinarily assumes her husband's residence as of date of marriage. Arrangements should be made by counties concerned for an inter-county transfer of aid as soon as one year of residence in the county of husband's residence has been acquired by woman. For fuller discussion of Married Woman's Residence, see Secs. 120-30, 120-32, 120-33, and 122-10. (W&IC 1526, 1560, 2140, 2161, 3042.10, 3075, 3433, 3460; AGO 10322, 10367, NS1016, NS1065, NS1793)

123-00 ABSENCE OF RECIPIENT FROM STATE WITHOUT LOSS OF RESIDENCE
OAS, ANB, APSB, ANC**123-00**

A recipient of aid may leave the state for certain specific or temporary purposes without losing California residence because of his absence. Such absences are discussed fully under Sec. 121-40, etc., Absence from State Prior to Application. (W&IC 1560, 2140, 2160d, 3042, 3075, 3432, 3460)

123-05 CONTINUANCE OF AID WHILE RECIPIENT ABSENT FROM STATE
OAS, ANB, APSB, ANC**123-05**

A recipient of OAS, ANB, or APSB who goes to another state shall be required to report within a two-months' period his intent with regard to residence, and thereafter, shall be required to inform the county of any change in intent with regard to residence. When a child receiving ANC accompanies his parent to another state, the parent shall comply with the foregoing requirements.

If a recipient of OAS, ANB, APSB, or a child receiving ANC leaves the state for a temporary period without loss of California residence, aid shall be continued for not more than one year following the date of departure unless unusual circumstances exist, in which case aid may be continued for a longer period.

Recipients who were absent from the state on February 1, 1948, when this rule became effective shall be required to return to California by February 1, 1949, in order to remain eligible for assistance unless unusual circumstances exist. (W&IC 1560, 2140, 3075, 3460)

610-75 PAYMENTS TO PATIENTS ON LEAVE FROM STATE HOSPITALS
OAS, ANB, APSB

610-75

Aid may be paid to a person who is on leave of absence from a State hospital. A legal guardian may or may not have been appointed for such person on leave.

The aid is paid directly to the person on leave when:

1. No guardian has been appointed; or
2. The guardian is of the person only.

The aid is paid to the guardian when he is:

1. Guardian of the estate only; or
2. Guardian of the person and the estate.

The guardian of the estate of the person on leave for whom aid is paid may be a public official but cannot be an employee of the county welfare department. There is no Federal participation in such cases if the guardian is an official of the SDMH. (See Sec. 230-60, Guardianship.) (Prob. C 1460 et seq; AGO NS858, NS3293;FSSB)

Some applicants for aid are not given leave until aid has been granted. Upon receipt of the completed Form Ag, Bl 235 (Certification from State Department of Mental Hygiene of Applicant's Release from State Hospital) giving the date such an applicant was released from the hospital, the county shall deliver the warrant. Form Ag, Bl 235 shall be completed by the county to give the date of delivery of warrant. One copy of this completed form shall be sent to the SDSW. (See Secs. 202-55, Application of Patient on Leave From State Hospital; 230-85, Investigation of Application Made While in or on Leave From a State Hospital; 250-05, Reporting Action on Application to SDSW; 610-60, Payment to Inmate of Public Institutions; 610-70, Certification of Payment after Release of Inmate from County Institution; 611-60, Initial Payments; and 612-99, Payment of Aid Forms) (W&IC 2140, 3075, 3460)

610-80 MONEY PAYMENTS AND RESTRICTED PAYMENTS
OAS, ANB, APSB, ANC

610-80

THE MONEY PAYMENT

The money payment shall be in warrants immediately redeemable at par; these payments shall be made to the grantee or his legal guardian at regular intervals and no restrictions shall be imposed on the use of the funds. (See Secs. 610-10, Mode of Payment, and 610-20, Time of Payment.) The money payment, therefore, assures the right of the recipient to use his payment as he would money received from any other source and to be free to direct his own life. In other words, the money payment makes it possible for recipients to carry on their activities through the normal channels of exchange, enjoying the same personal rights and discharging the same responsibilities as do friends, neighbors, and other members of the community. The recipient shall have full use of the warrant and there shall be no State or county control of its expenditure. Payments of aid shall be delivered unconditionally to the recipient in the full amount of the grant for the sole use and benefit of the individual or individuals on whose behalf the grant is made.

(Section Continued on Next Page)

**610-60 PAYMENT TO INMATE OF PUBLIC INSTITUTION
OAS, ANB, APSB, ANC**

610-60

An inmate of a federal hospital or home may apply for ANB or APSB and receive such aid while an inmate. (See Sec. 162-05, Eligibility of Public Institution Inmates and Parolees) There is no federal participation in such cases.

Other than as stated above:

1. Aid shall not be paid to any inmate of a public institution, except when confined for temporary medical or surgical care. Sec. 164-10, **Eligibility During Hospitalization**, relating to continuance of aid to a recipient confined in a public hospital for medical or surgical care, shall determine the final payment to such a recipient.

2. When aid is restored to a former recipient whose aid was discontinued because of confinement in a public institution, the beginning date of such aid shall not antedate the day he leaves the institution. (See Sec. 215-00, Restoration of Aid.)

3. Inmates of public institutions who have not previously received aid may make application for OAS, ANB, or APSB, but shall leave the institution on receipt of the first monthly warrant. The aid delivered upon the release of such inmate shall be payable from the first day of the month in which the determination is made that he is eligible, but in no event shall the aid commence prior to the date of application. (See Sec. 162-05, Eligibility of Public Institution Inmates and Parolees.) (W&IC 1529, 1560, 2140, 2160, 3044, 3044.5, 3075, 3444, 3460; AGO NS572, NS4700; FSS-Admin.)

**610-70 CERTIFICATION OF PAYMENT AFTER RELEASE OF INMATE
FROM COUNTY INSTITUTION
OAS, ANB, APSB,**

610-70

As evidence that the warrant for an applicant who was an inmate of a county public institution was delivered to him after his release from the institution, a Certificate of Delivery of Payment of Aid (Form Ag, Bl 231) shall be completed and forwarded to the SDSW. The county official or other person delivering the warrant certifies on Form Ag, Bl 231 to the date the applicant left the institution and the date the warrant was delivered.

When aid is restored following discontinuance because the recipient entered a county public institution Form Ag, Bl 231 need not be submitted but the Notice of Change (Form Ag, Bl 232) shall show the date the recipient left the institution. When the Form Ag, Bl 232 restoring aid is prepared in advance on the basis of the anticipated date when he will leave the institution, Form Ag, Bl 231 shall be submitted as evidence that he left the institution on or prior to the effective date of the restoration.

The above procedure does not apply where a recipient of OAS, ANB, or APSB enters a hospital for temporary medical care and aid is continued. Warrants shall be delivered to such recipients after admittance to the institution in accordance with the rules in Sec. 164-10, **Eligibility During Hospitalization**. (See Sec. 612-99, Payment of Aid Forms.) (W&IC 2140, 2160, 2160.6, 3044, 3075, 3444, 3460; AGO NS4700)

626-20 FORMS USED IN AID CLAIMS
OAS, ANB, APSB, ANC

626-20

OAS, ANB, APSB, and ANC Voucher Aid Claims consist of the following forms:

1. Aid Affidavit (Forms Ag, Bl, CA 800) which certifies to the total amounts of federal and state aid claimed, as approved by the board of supervisors;
2. Aid Pay Roll (Forms Ag, Bl, CA 801) which shows all payments made to recipients of aid (excluding aid paid under W&IC Sec. 1556.5 for children maintained in boarding homes or institutions) as approved by the board of supervisors;
3. Recapitulation Sheet (Forms Ag, Bl, CA 802) which shows the column totals as derived from the pay rolls and the computations of state and federal participation;
4. Report of Adjustments (Form ABC 803) which shows adjustments or collections made during the month. Repayments of aid classified as collections or adjustments shall not be commingled but shall be reported on separate schedules (Form ABC 803);
5. Report of Canceled Warrants (Forms Ag, CA 804, and Bl 804, formerly Bl 20 DFA) which shows warrants canceled during the month on which participation was allowed in previous months.

OAS and ANB County Institutional Claims consist of the following forms:

1. Aid Affidavit (Form AB 800-H) which certifies to the total amount of state aid claimed, as approved by the board of supervisors;
2. Claim for State Aid for Care of Needy Aged or Blind Persons in County Institutions (Form AB 801-H);
3. Report of Adjustments (Form ABC 803) which shows adjustments made during the month.

ANC-BHI Aid Claims consist of the following forms:

1. Aid Affidavit (Form CA 800 BHI) which certifies to the total amount of state aid claimed, as approved by the board of supervisors;
2. Aid Pay Roll (Form CA 801 BHI) which shows all recipients of ANC maintained in BHI (excluding children in a boarding home maintained by a relative or legally appointed guardian) as approved by the board of supervisors;
3. Report of Adjustments (Form ABC 803) which shows adjustments or collections made during the month. Repayments of aid classified as collections or adjustments shall not be commingled, but shall be reported on separate schedules (Form ABC 803);

(Section Continued on Next Page)

626-00 METHOD OF CLAIMING FOR PARTICIPATION BY FEDERAL AND STATE
GOVERNMENTS
OAS, ANB, APSB, ANC

626-00

Participation in aid paid by the counties under the OAS, ANB, APSB, and ANC laws is allowed by the state and federal governments on the basis of claims filed by each county. Claims for federal and state participation are combined on one form. Separate claims are filed for each category of aid except ANB and APSB which are combined as one claim. There is no federal participation in the APSB program. (W&IC 1556, 1556.5, 2189, 3087.3, 3482; FSS-Admin.)

626-10 TYPES OF AID CLAIMS
OAS, ANB, APSB, ANC

626-10

There are two types of county aid claims:

1. Voucher

OAS
ANB-APSB (combined as one claim)
ANC

2. Cash

OAS-County institution
ANB-County institution
ANC-BHI

Voucher aid claims include all aid payments made by counties except those for children maintained in BHI. (See Secs. 628-10, State Audit of Aid Claims, and 626-20, Forms Used in Aid Claims.) After audit and approval by SDSW, voucher aid claims are applied as credits against the quarterly advances covering the months for which such aid claims are made. (See Secs. 601-00, to 601-99, Estimates, Advances, Expenditures.)

Cash claims are certified to the State Controller for payment after audit and approval by the SDSW. No cash is advanced to counties to cover these claims.

County institutional claims cover state payments to counties, as provided in W&IC Secs. 2160.7 and 3044.1, for medical, hospital or infirmary care extended to former OAS and ANB recipients confined in county hospitals or infirmaries. (See Secs. 165-15, Basis for State Payment--County Institutional Claim under W&IC Secs. 2160.7 and 3044.1, and 627-25, County Institutional Claim under W&IC Secs. 2160.7 and 3044.1)

BHI aid claims include all payments for children who have been placed in boarding homes or institutions and payments for whom are based upon fixed monthly rates in lieu of family budgets, excluding payments for children who are in a boarding home maintained by a relative or legally appointed guardian. The latter are included in the voucher aid claims. (W&IC 1556, 1556.5, 2160.7, 2189, 3044.1, 3087.3, 3482)

626-40 (Continued)

626-40

Both copies of each aid claim shall be legible and identical. Care shall be taken that corrections made on one copy are made on the other copy, that no pages are missing or defaced; that the same items appear on the same page of each copy; that related items in the various columns on the forms are in alignment; and that all pages are numbered.

Aid claims shall include all county approved cases on which aid has been paid for the current month. Payments made during the current month for previous months shall also be included in the claim for the current month, but shall be listed on a separate supplemental pay roll. (See Sec. 626-50, Supplemental Aid Claims.) (W&IC 1510, 1511, 1512, 1556, 1556.5, 1559, 1560, 2140, 2189, 3075, 3087.3, 3460, 3482)

County institutional claims in OAS and ANB should include all persons for whom county institutional subvention has been authorized in accord with Secs. 165-00 and 165-15, and who were confined in county hospitals or infirmaries during months within the fiscal quarter for which subvention is claimed. The amount of subvention claimed for each former recipient of OAS and ANB for each month of the current fiscal quarter shall be shown on the claim, Form AB 801-H. (See Secs. 627-25, County Institutional Claim Under W&IC Secs. 2160.7, and 3044.1, and 626-99, County Aid Claim Forms) (W&IC 2140, 2160.7, 3075, 3044.1)

626-45 CLAIMS ON SUSPENDED AID PAYMENTS
OAS, ANB, APSB, ANC

626-45

A claim shall always be made on the monthly pay roll for any suspended case, and the pay roll shall be allowed as claimed. When the warrant covering the claim is not paid and is later canceled, the cancelation shall be reported on a subsequent monthly claim. When not reported, the SDSW shall deduct the amount of the canceled warrant from a subsequent claim on the basis of the Notice of Change (Forms Ag, Bl, CA 232) previously sent to the SDSW. (See Secs. 361-30, Suspension procedure, 361-35, Changes in Amount of Grant During Suspension of Aid, 626-50, Supplemental Aid Claims and 628-05, Reporting of Canceled Aid Warrants.)

Federal participation is available on suspended aid payments other than initial payments, provided other Federal eligibility requirements are met, and provided the warrant for any month is delivered by the end of the second month following the month for which the aid payment was suspended. (W&IC 1556, 1556.5, 1559, 2140, 2189, 3075, 3087.3, 3460, 3482; FSS-Admin.)

626-50 SUPPLEMENTAL AID CLAIMS
OAS, ANB, APSB, ANC

626-50

Aid claims supplementing the original claims filed for prior months are approved by the SDSW only when retroactive payments are made as specified in Sec. 361-25, Retroactive Aid Payments by County, and under the following conditions:

1. In ANC, when investigation of eligibility for one or more of the family group included either on the original application or on a separate subsequent application is completed by a later board action

(Section Continued on Next Page)

626-20 (Continued)

626-20

4. Report of Canceled Warrants (Form CA 804) which shows warrants canceled during the month on which participation was allowed in previous months.

(WE IC 1556, 1556.5, 2160.7, 2189, 3044.1, 3087.3, 3482)

626-30 COUNTY DESIGNED AID CLAIM FORMS
OAS, ANB, APSB, ANC

626-30

The information required on SDSW prescribed forms is the minimum information permissible. Any special county forms shall contain all items required on prescribed SDSW forms. When SDSW forms are not adaptable to special mechanical equipment of a county, forms designed by the county may be used upon approval by the SDSW. (WE IC 1556, 1556.5, 1560, 2140, 2189, 3075, 3087.3, 3460, 3482)

626-40 SUBMISSION OF AID CLAIMS
OAS, ANB, APSB, ANC

626-40

All county aid claims except claims for County Institutional Subvention shall be submitted to the SDSW in duplicate immediately but not later than the tenth of the month following the month during which aid payments are made. Claims for county institutional subvention shall be submitted in duplicate immediately but not later than the tenth of the month following the end of the fiscal quarter for which subvention is claimed. The ability of the SDSW to submit quarterly statements of expenditures as required by the Federal Government, depends upon the prompt submission of aid claims by the counties.

If the signature of the chairman of the board of supervisors can not be obtained on the affidavits (Forms Ag, Bl, CA 800; AB 800-H; CA 800-BHI) prior to the tenth day of the subsequent month, the duplicate copies of the affidavits, together with both copies of all supporting pay rolls and schedules, shall be submitted without the chairman's signature. The original copies of the affidavits shall be held and forwarded as soon as the signature is obtained.

Cases listed on all pay rolls except ANC-BHI shall be in state case number order, with the following exception: Cases which have not yet been assigned state numbers shall be listed at the end of the pay roll in alphabetical order. Additional pay rolls for the current month shall be compiled as prescribed above, cross-referenced to, and combined with the main pay roll and submitted as one claim.

On ANC-BHI pay rolls the boarding home payees shall be listed in alphabetical order with the children in each home listed in state case number order immediately following the name of such payee. Children living in more than one boarding home during the month will be listed under each payee involved. When a child is committed by a court to an agency or a probation officer and such agency or probation officer is the payee, the boarding home or institution in which the child is placed shall be shown in the regular alphabetical order on the pay roll, and the children in the home during the month are to be listed underneath in state case number order.

(Section Continued on Next Page)

626-50 (Continued)

626-50

Example: Retroactive aid is granted by the SSWB from April 1, 1946, through December 31, 1946, and is paid by the county in January 1947. Two recapitulation sheets are prepared, one covering the months of April through September, and one covering the months of **October** through December. The pay roll for prior months and both recapitulation sheets are attached to the regular January claim. The totals shown on both recapitulation sheets are combined and carried forward to the column for prior periods on the January Aid Affidavit (Form Ag, Bl, CA 800).

See Sec. 627-30, Federal Participation, for the method of computing the federal share on supplemental payments.

Due to the change in the ratio of **state** participation effective August 1, 1947, in OAS, and October 1, 1947, in ANB and APSB, separate recapitulation **sheets** (Form Ag, Bl 802 effective October 1, 1947) shall be filed covering supplemental aid for months subsequent to those dates.

Example: Retroactive OAS is granted by the SSWB from June 1, 1947, through October 31, 1947, and is paid by the county in November 1947. Two recapitulation sheets are prepared, one covering the months of June and July and one covering the months of August through October. The totals shown on the two recapitulation sheets are combined and carried forward to the column for prior period on the November aid affidavit.

Supplemental claims for county institutional subvention shall be reported on the current quarterly County Institutional Subvention claim in the following manner. Claims for months prior to the current quarter shall be listed at the end of the claim, Form AB 801-H, and the month for which each claim is made shall be clearly indicated. The supplemental claims shall be included with the claim for the current quarter in the totals reported on the claim, Form AB 801-H, and carried forward to the affidavit, Form AB 800-H. (See Example in Sec. 629-99.)

Documents substantiating amounts claimed shall be on file with SDSW, as provided in Sec. 628-10, State Audit of Aid Claims. (W&IC 1550, 1556, 1560, 2140, 2183.2, 2189, 3075, 3082, 3087.3, 3460)

626-60 IDENTIFICATION ON AID PAY ROLLS

OAS, ANB, APSB, ANC

626-60

The following information shall be included on each aid pay roll (Forms Ag, Bl, CA 801, CA 801-BHI): county filing claim; month and year for which claim is filed; warrant numbers and dates (except on county hospital **claims**); State case numbers; and apportionment of grants. (See Sec. 627-20, Apportionment of Grants.)

In OAS, ANB, and APSB, the recipient's name shall be shown exactly as it appears in the signature on his Application (Forms Ag, Bl 200) and on the warrant. When a guardian of the estate or of the person and estate has been **legally** appointed, both the name of the guardian and the recipient are shown on the aid pay roll (Forms Ag, Bl 801).

In ANC, the name of the payee shall be shown exactly as it appears on the application (Form CA 200) or latest Notice of Change (Form CA 232) and the warrant, with the family and given names of all the children for whom aid has been granted. The total numbers of children in each family budget unit eligible and ineligible to Federal participation are also shown on the aid pay roll (Form CA 801). (See Sec. 610-40, Identification on Warrants, Sec. 202-20, The Application Form and Sec. 629-99, County Aid Claim Forms.) (W&IC 1556, 1556.5, 2140, 2189, 3087.3, 3482)

626-50 (Continued)

626-50

but no retroactive payment is made because the full budgetary needs of the additional child were met in the original grant for the family unit. (See Sec. 250-00, Disposal of Applications, and 611-50, Beginning Date of Aid--New Applications.) In this instance, state reimbursement may be obtained retroactively by filing a supplemental claim covering the balance of state participation due for the additional child/children on the basis of the amount originally paid. No federal reimbursement is available prior to the first of the month in which the board of supervisors takes action for the additional child/children.

2. When warrants are issued in lieu of canceled warrants. (See Sec. 628-06, Claim for Warrants Issued in Lieu of Canceled Warrants.)

A separate supplemental pay roll (Forms Ag, Bl, CA 801 and CA 801-BHI) shall be prepared each month. It shall cover all of the retroactive payments made during that month for prior months, shall be attached to the regular current month's pay roll, and shall be submitted to the SDSW under one affidavit. The supplemental pay roll shall be marked "Supplement for prior months," shall show the month during which payments are made, and shall clearly indicate the amount paid for each month and the month for which each payment is made.

A separate Recapitulation Sheet (Forms Ag, Bl, CA 802, revised October 1, 1946) shall be submitted covering the supplemental claim for prior months after October 1, 1946, and shall be marked "Supplement for prior months." The totals shall be carried forward to the column for prior months on the Aid Affidavit (Forms Ag, Bl, CA 800 and CA 800-BHI).

Example: In January, aid is approved to begin on November 1, and in January warrants are issued for November, December, and January. The January warrant is reported on the regular current pay roll but a separate supplemental January pay roll is prepared covering the aid paid for both November and December and is marked "Supplement for Prior Months." All other warrants issued in January for prior months are also included on the same supplemental January pay roll. The amount paid for each month for each case is clearly reported. The regular pay roll and recapitulation sheet covering payments made for the month of January and the January supplemental pay roll and recapitulation sheet for prior months are submitted as one claim. (Exception: There is no recapitulation sheet for BHI claims.) The totals for each pay roll are carried forward to their respective columns for current and prior months on the January Aid Affidavit (Forms Ag, Bl, CA 800 and CA 800-BHI).

Due to the change in federal participation effective October 1, 1946, when retroactive aid is claimed for months prior to October 1, 1946, another separate recapitulation sheet (Forms Ag, Bl, CA 802 effective January 1, 1944) shall be filed covering all months up to that date. The totals on the recapitulation sheet for months before October 1, 1946, and the totals on the recapitulation sheet for months after October 1, 1946, shall be combined in the column for prior periods on the Aid Affidavit. (Forms Ag, Bl, CA 800.)

(Section Continued on Next Page)

627-20 (Continued)

627-20

3. Non-federal cases--designated by two asterisks (**) or the term "non-federal." The total grant shall be shown. The state share may be extended to the corresponding column. (See Cases Nos. 6 and 10, Form Ag 801 and Nos. 7, 9, and 11, Form Bl 801.)*
4. Non-county-non-federal cases--designated by three asterisks (***) or the term "non-county-non-federal." The total grant shall be shown. The state share may be extended to the corresponding column. (See Cases No. 9, Form Ag 801, and No. 5, Form Bl 801.)*

Extension of the federal and state shares for "non-county," "non-federal" and "non-county-non-federal" cases is not mandatory. They may be shown for easier segregation by the county of the different types of cases in compiling the Recapitulation Sheets (Forms Ag, Bl 802.) (W&IC 2140, 3075, 3460; FSS-Admin.)

ANC

VOUCHER AID PAY ROLL (Form CA 801) consists of cases both eligible and ineligible for federal participation. The Warrant Amount, Basis for State Participation, and Basis for Federal Participation are extended to the corresponding columns. Children who do not have one year county residence are designated by one asterisk (*) in the appropriate column. (See Case No. 7, Form CA 801)*

The Basis for State Participation (see note at end of this section) is divided into two columns as follows:

1. One total amount for that portion of the grant allowed for all children in each family budget unit eligible for federal participation, and

*Examples of the various types of cases are shown on the sample forms in Sec. 629-99, County Aid Claim Forms.

(Section Continued on Next Page)

627-15 CLAIM FOR NON-COUNTY-OR NON-COUNTY-NON-FEDERAL CASES

627-15

In cases which have been receiving aid on a non-county or non-county-non-federal basis, State participation shall be claimed on the same basis for the full month when county residence of one year is acquired during a month (six months for ANB and APSB recipients who became blind while residents of the State). If the required county residence is completed on the first day of a month the county shall assume its share of the aid for the full month and shall claim accordingly. (W&IC 1512, 1560, 2140, 3075, 3460)

Example A: An aged person moved to the county with intent to reside on January 15. OAS is granted to begin on June 1 on a non-county basis. One year's county residence is acquired on January 15 of the next year. Reimbursement is claimed on a non-county basis for the full month of January, the county assuming its share of the aid beginning February 1.

Example B: A person who became blind while a resident of the state moves to the county with intent to reside on January 1. ANB is granted to begin on April 1 on a non-county basis. Six months' county residence is acquired on July 1 and the county assumes its share of the aid on July 1.

(See Sec. 627-00, Definition of Types of Cases with Respect to Financial Participation by Federal, State or County Government, 627-10, Chart of Financial Participation in Grants of Aid, 122-00, County Residence--General, 122-05, County Residence, 122-10, ANC Determination of County of Residence, 122-15, Non-County Residence, and 122-50, Removal from County of Residence.)

627-20 APPORTIONMENT OF GRANTS ON PAY ROLLS OR CLAIMS

627-20

OAS, ANB, APSB, ANC

The federal and state shares are computed on the total basis by use of the Recapitulation Sheet (Form Ag, B1, CA 802) which is self-explanatory. (See Sec. 626-20, Forms Used in Aid Claims.) In county institutional and BHI claims, the Aid Affidavits (Form AB 800-H and CA 800-BHI) also serve as the recapitulation sheets. (W&IC 1560, 2140, 3075, 3460)

OAS, ANB, APSB

VOUCHER AID PAY ROLLS (Forms Ag, B1 801) are composed of:

1. Regular cases for which no designation is necessary. The total grant and the amount in excess of \$45 shall be shown. (See Cases Nos. 1, 3, 5, 7, 8, 11, and 12, Form Ag 801 and Nos. 1, 2, 3, 4, 8, 10, and 12, Form B1 801.)*
2. Non-county cases--designated by one asterisk (*) or the term "non-county." The total grant and the amount in excess of \$45 shall be shown. The federal and state shares may be extended to the corresponding columns. (See Cases Nos. 2 and 4, Form Ag 801, and Nos. 3 and 6, Form B1 801.)*

*Examples of the various types of cases are shown on the sample forms in Sec. 629-99, County Aid Claim Forms.

(Section Continued on Next Page)

627 30 (Continued)

627-30

Example M: Application for ANB or ANC is signed on August 5. The 90-day investigation period expires November 3. Determination that applicant or child is eligible is not made by the board of supervisors until January 10, when aid is approved to begin November 1, the first of the month during which the 90-day period expires. There is no federal participation in the ANB or ANC payments made in January for November and December.

In OAS federal participation is available in payments made under conditional restoration after discontinuance due to employment providing the case record indicates presumptive eligibility, the fact of eligibility has been determined and investigation has been completed by action of the board of supervisors within two months after the month in which the board of supervisors acted to restore aid conditionally. Payments made under conditional restorations shall be claimed non-federal. Appropriate claim adjustment allowing federal reimbursement will be made by the SDSW upon notification by notice of change from the county that the above conditions have been met. (See Sec. 361-22.)

Hospitalization:

Federal participation is available for a recipient (in ANC the child for whom aid is granted) receiving medical or surgical care in a public institution until the end of the month following that in which the recipient is admitted to the hospital. Exception: Federal participation in two monthly payments is available when determination has been made that the hospitalization is for a temporary period. (See Sec. 164-10, Eligibility During Hospitalization.)

Example N: An OAS recipient is admitted to county hospital August 10. Aid is paid for September and October because on the first of each month he has not been in the hospital for two calendar months. If a determination is made that hospitalization will be temporary, there is federal participation in both the September and October payments. If, however, hospitalization is not determined to be temporary, federal reimbursement is available only through the month of September.

Guardianship:

In OAS and ANB there is no federal participation in payments made to a guardian who is an employee of the SDMH. (See Sec. 230-60, Guardianship.)

Inmates of Federal Hospitals or Homes:

In ANB and APSB federal participation is not available for payments made to an inmate of a federal hospital or home. (See Secs. 610-60, Payment to Inmate of Public Institution, and 162-05, Eligibility of Public Institution Inmates and Parolees.)

References to Other Manual Sections:

For further discussion of federal participation see Secs. 627-45, Partial Months' Claims--Bases for State and Federal Participation; 627-80, Federal Participation on Children Between Ages of 16 and 18 years; 627-85, Federal Participation When an Additional Child Becomes Eligible for Aid During Month; 627-90, Two or More Family Budget Units in One Household; and 628-00, Payees Eligible Under Social Security Act. (WIC 1553, 1560, 2140, 2183.9, 2186, 3075, 3087; FSS-Admin.)

627-30 (Continued)

627-30

6. Delayed Payment

When a grant of aid has been properly authorized but either the issuance or release of the warrant has been delayed in such situations as are described in:

- a. Item 4 and 6 of Sec. 361-25, for initial warrants.
- b. Items 3 through 8 of Sec. 361-25, for other warrants.

The Federal Government participates provided the payment is released within the two months following the month for which delivery was not made.

7. Payment with Respect to an Erroneous Discontinuance

When an erroneous discontinuance is later rescinded. The Federal Government participates in the payment for the month in which the rescinding action is taken (and the payment is delivered) and the two preceding months.

8. Appeals to SSWB

When a retroactive payment has been made to adjust an appeal which has been filed, but not yet heard by the SSWB, or to carry out an appeal decision by the SSWB. The Federal Government **participates** in the payment for all or any part of the period during which the appeal was pending, in addition to the month during which the appeal was signed and the two preceding months, provided such period does not antedate the month in which payment was improperly denied or withheld.

Federal participation is not available for retroactive payments for any months between the expiration of the investigation period and the month(s) in which assistance is authorized except when aid has been improperly denied and such action is later rescinded, provided such period does not antedate the month in which payment was improperly denied or withheld. (See Secs. 611-70, Retroactive Initial Payments, and 626-50, Supplemental Aid Claims.)

Example K: OAS application signed July 5. The 60-day period ended September 3. Application granted by board of supervisors November 8. Aid is paid from October 1 as the first of the month following the end of the 60-day period is earlier than the first of the month in which the board of supervisors granted the application. There is no federal participation in the OAS payment made in November for October.

Example L: Application for OAS is signed on September 25. The 60-day investigation period expires on November 24. Determination that applicant is eligible is not made by the board of supervisors until February 5, when they grant aid to begin December 1, the first of the month following the expiration of the 60-day period. There is no federal participation in the OAS payments made in February for December and January.

(Section Continued on Next Page)

645-71 (Continued)

645-71

Sec. 645-50, Computing Less Than Full Monthly Salary, shall be followed in determining the amount of salary due an employee for periods of less than one month when such employee is not on per diem basis.

Expenditures for maintenance and operation or capital outlay are apportioned as follows:

5. When identifiable with a specific program, charge to that program.

Example: The cost of a supply of GR (formerly IN) forms, for use in the county office, is charged directly to the GR program.

6. When not readily allocable and not included under 5, and applicable to two or more but not all programs, charge as joint expense in the ratio that the total salary cost of each program involved bears to the total salary cost of all programs involved.

Example: A typewriter is purchased for use on OAS and GR (formerly IN) programs. The portion of the expenditure charged to the OAS program bears the same ratio to the total expenditure that the total of the salaries and wages allocated to the OAS program bears to the total of all salaries and wages of the OAS and GR programs, etc.

7. When not identifiable with specific programs, apportion as over-all expenses in the ratio that the total salary cost of each program bears to the total salary cost of all programs.

Example: A typewriter is purchased for general use and no portion of the cost is, therefore, assignable to any specific program or activity. The portion of the expenditure charged to the OAS program bears the same ratio to the total expenditure that the total salary cost of the OAS program bears to the total salary cost of all programs, etc. (FSS=Admin.)

645-76 TIME RECORDING BY EMPLOYEES

645-76

OAS, ANB, ANC

Salaries and wages paid to employees of a county welfare department are apportioned among the programs administered by the department in accordance with the ratio of gross man-hours worked on each program by each employee. The basis of this recording is the maintenance by employees of daily and/or monthly time records. Such time recording by employees is a continuous process and the allocation of time among programs is done individually by all persons whose daily work is identifiable with different programs. (See Sec. 645-71, Rules for Allocating Administrative Expense.)

The daily and monthly SDSW time recording forms (Forms DFA 42 and DFA 43) provide the necessary facilities for making such a segregation. Any county wishing to substitute a specially designed form to suit its particular needs shall submit the proposed form to the SDSW for approval.

Forms used in recording time are:

1. Employee's Individual Daily Time Record (Form DFA 42). Time is recorded on this form to the nearest thirty minutes and is totaled by programs at the end of each day for posting to the Monthly Time Record (Form DFA 43). All time worked during a day, including over-

(Section Continued on Next Page)

645-71 RULES FOR ALLOCATING ADMINISTRATIVE EXPENSE
OAS, ANB, ANC

645-71

In determining the proper program to be charged with an expenditure, consideration is given either to the program to which the **benefits of the expenditure** accrue or to the program necessitating the expense, whichever gives the most logical and equitable relationship between program and expense. All factors are considered and as much expense as possible identified with the individual program, thus insuring the soundest basis for apportionment of joint and over-all charges. The following rules govern the allocation of administrative expenses:

1. Salary of an employee working full time on a specific program is charged to that program.

Example: A public assistance worker is assigned to the ANC-el program and works full time on that program. His salary would be charged directly to the ANC-el (CA-el) program.

2. Salary of employee working on two or more programs, excluding supervisors and assistants whose time cannot readily be allocated as direct charges, is apportioned to programs on the basis of the number of man-hours worked on each program, as shown by time reports maintained by the employee.

Example: A clerk in the county office records 100 productive hours of work during a month, 75 hours on ANC-el and 25 hours on ANB-inel. Therefore, 75/100ths of the employee's salary for that month is charged to the ANC-el program and 25/100ths to the ANB-inel program.

3. Salary of employee who works on two or more but not all programs, whose time cannot be readily allocated and who is not included under 2 above, is apportioned as joint salary expense to the programs involved in the ratio that it bears to the total salary cost allocable to each program under 1 and 2, above.

Example: A public assistance supervisor, Grade 1, supervises public assistance workers assigned to OAS, ANB-el and ANC-el. The portion of the supervisor's salary to be charged to the OAS program will bear the same ratio to her total salary as total salary cost allocated to the OAS program bears to the total salary costs allocated to the OAS, ANB-el and ANC-el programs.

4. Salary of employee performing duties where none of his working time, or a negligible portion thereof, is identifiable with specific programs, is apportioned as over-all expenses in the ratio that the total salary cost of each program bears to the total salary cost of all programs, as ascertained under 1, 2 and 3, above.

Example: An accountant handles the accounting for all activities of the county welfare department. The portion of his salary charged to the OAS program bears the same ratio to his total salary that the total salary cost of the OAS program (excluding over-all salaries) bears to the total salary cost of all programs (excluding over-all salaries), etc.

- 4a. Salary of an employee of the county welfare department who normally spends a constant proportion of his time on extraneous activities may be divided between extraneous and public assistance activities on the basis of a ratio established by experience.

This ratio and the time allocation plan for that portion of his time charged to public assistance must be approved in advance by SDSW.

(Section Continued on Next Page)

645-96 REPORTING OF COST OF ADMINISTRATION
OAS, ANB, ANC

645-96

Reporting of administrative expenditures should be effected by the cash flow method; that is, upon the basis of bills paid during the month irrespective of the month to which the particular expense is applicable. Reporting of expenditures based upon budget encumbrance or obligations incurred is not preferred for the purpose of claiming reimbursement in the public assistance programs inasmuch as these systems do not show actual expenditures.

When a county makes a change from one basis to another in the reporting of its expenditures, there shall be no duplication in the claims for matching any item of expense. (FSS-Admin.)

646-80 FORMS USED IN ADMINISTRATIVE EXPENSE CLAIMS
OAS, ANB, ANC

646-80

Claims for administrative expense shall be submitted immediately after close of each month. A separate claim shall be submitted for each calendar month. (See Secs. 601-00, Quarterly Estimates of Expenditures for Aid and Administration; 601-10, Quarterly Adjustment of Funds; 628-10, State Audit or Aid Claims; and 628-20, Aid Claim Correction.) (WRIC 1560, 2140, 3075; FSS-Admin.)

Monthly administrative expense claims consist of the following affidavits and worksheets:

AFFIDAVITS

Administrative Expense Affidavit (Forms Ag 807, Bl 807, CA 807, BHA-80, and BHC-80) on which county or agency officers attest to the amount of participation due for administrative expenses, shall be submitted in duplicate. (See Example in Sec. 646-99, Administrative Expense Forms.)

AGED

Form Ag 807 used when a county claims reimbursement for expenses incurred in the administration of the OAS program.

Item 1 is the total amount paid by county for administration of OAS only.

Item 2 is the net amount claimed for reimbursement of expenditures from Federal funds for OAS. This amount is equal to one-half of Item 1.

(Section Continued on Next Page)

645-81 (Continued)

645-81

Extraneous Activities (Ex.). Time shall be charged to this activity when it is spent on a category which is not a welfare program or which does not come under the jurisdiction of the county welfare department. If an employee regularly devotes a portion of his time to welfare duties and a portion to extraneous activity, such as work in the county auditor's or treasurer's office, and his salary is paid from the various budgets according to an arbitrarily fixed ratio, the maintenance of a time record by such an employee serves as a test of the ratio used and assists the county in appraising the method of apportionment. (See Sec. 645-06, Expenditures for Personal Services.)

Other Combinations (O.C.). Time shall be charged to this category by employees who work on a special combination of programs when the component programs are integrated in the work of the employee to the extent that it is not possible for him to segregate his time among individual programs. The employee charges his time under this caption, specifying the programs involved, such as Ag, Bl-el; Ag, CA-inel; Ag, GR, CA-el, etc.

A more detailed breakdown of any or all welfare programs may be made by a county if administratively desirable, but the foregoing segregation is the minimum necessary for proper claiming of federal participation.

Travel Time (Tr). Record time on this line only when it can not be identified with a specific program.

Direct charges to the program will be made whenever travel time can be identified with a specific program.

Other Non-Allocable Time (NA). This category includes such time as can not be identified with any activity or program, such as time in attendance at a conference of a general nature where the employee does not actively participate on behalf of any particular program.

Vacation. Time shall be charged to this item during period of vacation granted in accordance with merit system rules and regulations as set forth in Chapter 070-00, Welfare Personnel Standards.

Sick Leave. Time shall be charged to this item during periods of sick leave granted in accordance with merit system rules and regulations as set forth in Chapter 070-00.

Other Time Off. Time shall be charged to this item when absence of employee is not chargeable to Vacation or Sick Leave and is due to holidays or other leave with pay granted in accordance with merit system rules and regulations as set forth in Chapter 070-00. (W&IC 1560, 2140, 3075; FSS-Admin.)

Certified as a Regulation (or
Regulations) of the

Dept of Soc. Welfare
(Name of State Agency)

M. A. Ruby
(Signature)

Director
(Title)

7/28/48
(Date)

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

616 K STREET
SACRAMENTO 14
July 12, 1948

TITLE- 22
CHAPTER 2

FILED

in the office of the Secretary of State
of the State of California

DEPARTMENT BULLETIN NO. 325 (ANC)

TO: COUNTY BOARDS OF SUPERVISORS
COUNTY WELFARE DEPARTMENTS
COUNTY AUDITORS
LOS ANGELES JUVENILE COURT
SAN FRANCISCO JUVENILE COURT

JUL 29 1948

At 4:30 o'clock P. M.

FRANK M. JORDAN, Secretary of State

By Robert V. Jordan
Assistant Secretary of State

Subject: Amendments to Social Security
Act, Effective October 1, 1948.
Aid to Needy Children.

The amendment to Title IV of the Social Security Act passed by Congress to be effective October 1, 1948, increases the amount of federal reimbursement available for ANC grants in the amount of \$3 a month for each child. (Please refer to Circular Letter No. 407, dated June 14, 1948.)

The increased federal participation will not affect the grant in those cases where the full budget deficiency is now being covered. Counties now limiting ANC grants to the maximum participating base, however, shall increase the grants in the amounts of \$3 per child, or in an amount to cover the budget deficiency, whichever is less. Such increases may be acted on by the board of supervisors during September 1948, so that the increased October grant may be paid promptly and without the necessity of issuing supplemental warrants.

Reports of increases in such cases shall be submitted to the State Department of Social Welfare by use of the Notice of Change, Form CA 232, for each individual case.

The usual Notification of Action by Board of Supervisors, Form CA 239, shall be sent in each case where the grant is increased.

ANC Assistance Payroll, Recap Sheets and Affidavits

Beginning October 1, 1948, the Federal Government will pay an amount equal to the sum of the following proportions of the total amounts expended during such quarter as Aid to Needy Children eligible for federal participation, not counting so much of such expenditure with respect to any such child for any month as exceeds \$27, or if there is more than one child in the same home, as exceeds \$27 with respect to one such child and \$18 with respect to each of the other children -

- (A) Three-fourths of such expenditures, not counting so much of any expenditure with respect to any month as exceeds the product of \$12 multiplied by the total number of needy children eligible for federal participation;

- plus
- (B) One-half of the amount by which such expenditures exceed the maximum which may be counted under clause (A).

The following example shows the way of computing the federal share. All children are eligible for federal reimbursement in this example.

Payee	Number of Children	Warrant	Basis for State Participation		Basis for Federal Participation
			Federal	Non-Fed	
Jones	3	\$184.50	\$184.50	---	\$63.00
Smith	4	232.50	232.50	---	81.00
Doe	5	300.00	280.50	---	99.00
Brown	5	90.00	90.00	---	90.00
Total	17	\$807.00	\$787.50		\$333.00

1. The total expenditure, not counting amounts exceeding \$27 with respect to one such child and \$18 with respect to each of the other children, is \$333.00.
2. Three-fourths of such expenditures, not counting amounts exceeding the product of \$12 multiplied by the number of children:

$$17 \text{ children at } \$12 = \$204 \quad 3/4 \text{ of } \$204 = \$153.00$$

This is the part of the federal share computed under clause (A) above.

3. One-half of the difference between \$333 and \$204 or \$64.50

This is the part of the federal share included under clause (B) above. The total federal share, therefore, is \$217.50

In computing the state and county shares, the net amount of federal reimbursement is deducted from the total amounts under the Basis for State Participation, and the remainder is divided between the state and the county in the usual way. The "Basis for State Participation" is computed by allowing \$88.50 for the first child and \$48.00 for each additional eligible child instead of \$85.50 for the first child and \$45.00 for each additional eligible child, as at present. (There is no change in the state basis for children ineligible for federal participation.)

Samples of the forms with examples are attached to this bulletin.

There is no change in Form CA 801, Claim for Federal and State Aid to Needy Children.

The method of preparing Form CA 801 will be exactly as at present except that payments for months prior to October 1948, which are included on the assistance claim for October 1948, or subsequent months, will be reported under the rules and regulations applicable prior to October 1948; i.e., the federal excess will be computed on the basis of \$24 for the first child instead of \$27 and \$15 with respect to each of the other children rather than \$18. Comparable changes also appear in the State Basis, as indicated above.

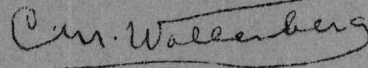
Form CA 802, Recapitulation Sheet, has been revised to accommodate the new computations. For current monthly payments covering aid for October 1948 and subsequent months, Recapitulation Sheet, Form CA 802, Revised October 1948, shall be used. For supplemental payments applicable to October 1948 and subsequent months, a separate Form CA 802, Revised October 1948, shall be used. This form is used in the examples.

For supplemental payments applicable to months prior to October 1948, the Form CA 802, Revised December 1, 1946, shall be used.

The total federal matching in individual cases for Aid to Needy Children is one-half the total expenditures (after deducting amounts in excess of the federal maximum) plus \$3.00 times the number of children.

Aid Affidavit, Form CA 800, Revised October 1948, shall be used after October 1, 1948. This form is the same as the present form except that Item 4 has been changed to show the new federal basis of \$27 for one child and \$18 for each additional child in the same household group.

Very sincerely yours,



CHARLES M. WOLLENBERG, Director
Department of Social Welfare

Attachments

FROM XXX COUNTY

FOR NEEDY CHILDREN

(EXCLUDING AID PAID UNDER SECTION 1556.5 OF THE WELFARE AND INSTITUTIONS CODE)

MONTH OF November, 1940 FISCAL YEAR

(STATE USE ONLY)

AMOUNT DUE FROM FEDERAL FUNDS FOR AID	CURRENT MONTH COLUMN A	PRIOR MONTHS COLUMN B
1. TOTAL BASIS FOR STATE PARTICIPATION (ITEM B, FORM CA 802) NUMBER OF CHILDREN: CURRENT MONTH <u>12</u> ; PRIOR MONTHS <u>8</u>	\$ <u>618.50</u>	\$ <u>203.00</u>
2. TOTAL FOR CHILDREN INELIGIBLE FOR FEDERAL AID (ITEM C, FORM CA 802) NUMBER OF CHILDREN: CURRENT MONTH <u>2</u> ; PRIOR MONTH <u>2</u>	\$ <u>69.33</u>	\$ <u>66.66</u>
3. TOTAL FOR CHILDREN ELIGIBLE FOR FEDERAL AID (ITEM 1 MINUS ITEM 2) (ITEM D, FORM CA 802) NUMBER OF CHILDREN: CURRENT MONTH <u>10</u> ; PRIOR MONTH <u>4</u>	\$ <u>549.17</u>	\$ <u>136.34</u>
4. LESS: EXPENDITURES IN EXCESS OF \$27 FOR ONE ELIGIBLE CHILD AND \$18 FOR EACH ADDITIONAL ELIGIBLE CHILD IN SAME HOUSEHOLD GROUP (ITEM D MINUS ITEM P, COLUMNS 2A PLUS 2B, FORM CA 802)	\$ <u>326.17</u>	\$ <u>52.34</u>
5. BASIS FOR FEDERAL PARTICIPATION (ITEM 3 MINUS ITEM 4) (ITEM P, COLUMNS 2A PLUS 2B, FORM CA 802)	\$ <u>223.00</u>	\$ <u>84.00</u>
6. AMOUNT DUE FROM FEDERAL FUNDS FOR AID (ITEM P, COLUMN 3, FORM CA 802)	\$ <u>141.50</u>	\$ <u>51.00</u>
7. FEDERAL SHARE OF ADJUSTMENTS (TOTAL COLUMN 7, FORM ABC 803)	\$ <u>-0-</u>	
8. FEDERAL SHARE OF CANCELLED WARRANTS FOR PRIOR MONTHS (TOTAL COLUMN 9, FORM CA 804)	\$ <u>-0-</u>	
9. FEDERAL SHARE OF COLLECTIONS (TOTAL COLUMN 7, FORM ABC 803)	\$ <u>-0-</u>	
10. TOTAL OF ITEMS 7, 8, AND 9	\$ <u>-0-</u>	
11. NET AMOUNT DUE FROM FEDERAL FUNDS FOR AID (ITEM 6 MINUS ITEM 10)	\$ <u>141.50</u>	
12. TOTAL AMOUNT DUE FROM FEDERAL FUNDS FOR AID (ITEM 11, COL. A PLUS ITEM 6, COL. B)		\$ <u>192.00</u>

AMOUNT DUE FROM STATE FUNDS FOR AID	CURRENT MONTH	PRIOR MONTHS
13. AMOUNT DUE FROM STATE FUNDS FOR AID (ITEM P, COLUMN 4, FORM CA 802)	\$ <u>378.00</u>	\$ <u>101.34</u>
14. STATE SHARE OF ADJUSTMENTS (TOTAL COLUMN 8, FORM ABC 803)	\$ <u>-0-</u>	
15. STATE SHARE OF CANCELLED WARRANTS FOR PRIOR MONTHS (TOTAL COLUMN 10, FORM CA 804)	\$ <u>-0-</u>	
16. STATE SHARE OF COLLECTIONS (TOTAL COLUMN 8, FORM ABC 803)	\$ <u>-0-</u>	
17. TOTAL OF ITEMS 14, 15, AND 16	\$ <u>-0-</u>	
18. NET AMOUNT DUE FROM STATE FUNDS FOR AID (ITEM 13 MINUS ITEM 17)	\$ <u>378.00</u>	
19. TOTAL AMOUNT DUE FROM STATE FUNDS FOR AID (ITEM 18 COL. A PLUS ITEM 13, COL. B)		\$ <u>479.34</u>

AMOUNTS FOR REPORTING PURPOSES ONLY	CURRENT MONTH	PRIOR MONTHS	APPROVAL STAMP
20. TOTAL OF WARRANT AMOUNTS (ITEM A, FORM CA 802)	\$ <u>621.50</u>	\$ <u>203.00</u>	
21. TOTAL AMOUNT IN EXCESS OF BASIS FOR STATE PARTICIPATION (ITEM 20 MINUS ITEM 1)	\$ <u>3.00</u>	\$ <u>-0-</u>	
22. TOTAL ADJUSTMENTS (TOTAL COLUMN 6, FORM ABC 803)	\$ <u>-0-</u>		
23. TOTAL CANCELLED WARRANTS FOR PRIOR MONTHS (TOTAL COLUMN 7, FORM CA 804)	\$ <u>-0-</u>		
24. TOTAL COLLECTIONS (TOTAL COLUMN 6, FORM ABC 803)	\$ <u>-0-</u>		

STATE OF CALIFORNIA, COUNTY OF _____) SS I,
BEING DULY SWORN, DEPOSE AND SAY: THAT I AM THE COUNTY OFFICIAL RESPONSIBLE FOR THE ADMINISTRATION OF AID TO NEEDY CHILDREN IN AND FOR THE SAID COUNTY; THAT ALL THE PROVISIONS OF CHAPTER 1 OF PART 2 OF DIVISION II OF THE WELFARE AND INSTITUTIONS CODE, AND AMENDMENTS THERETO, AND TITLE IV OF THE SOCIAL SECURITY ACT, AND AMENDMENTS THERETO, HAVE BEEN COMPLIED WITH TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY

OF _____, 19____

TITLE _____

SIGNATURE OF WELFARE DIRECTOR OR OFFICIAL IN CHARGE

TITLE _____

APPROVED _____

CHAIRMAN, BOARD OF SUPERVISORS

I HEREBY CERTIFY THAT WARRANTS COVERING ALL AMOUNTS DUE UNDER THE LAW HAVE BEEN ISSUED AND CHARGED TO FUNDS FOR AID IN ACCORDANCE WITH THE NEEDY CHILDREN LAW, CHAPTER 1 OF PART 2 OF DIVISION II OF THE WELFARE AND INSTITUTIONS CODE AND AMENDMENTS THERETO.

SIGNATURE OF COUNTY AUDITOR

FORM CA 800, REVISED OCTOBER, 1947
AFFIDAVIT TO ACCOMPANY MONTHLY VOUCHER AID
PAYROLL (FORM CA 801)

CREDIT VOUCHER CLAIM-AID

(OVER)

AMOUNT DUE FROM COUNTY FUNDS FOR AID (FOR COUNTY USE ONLY)		CURRENT MONTH COLUMN A	PRIOR MONTHS COLUMN B
25.	AMOUNT DUE FROM COUNTY FUNDS FOR AID (SAME AS ITEM P, COLUMN 5, FORM CA 802).....	\$ _____	\$ _____
26.	COUNTY SHARE OF ADJUSTMENTS (TOTAL COLUMN 9, FORM ABC 803).....	\$ _____	
27.	COUNTY SHARE OF CANCELLED WARRANTS FOR PRIOR MONTHS (TOTAL COLUMN 11, FORM CA 804).....	\$ _____	
28.	COUNTY SHARE OF COLLECTIONS (TOTAL COLUMN 9, FORM ABC 803).....	\$ _____	
29.	TOTAL OF ITEMS 26, 27 AND 28.....	\$ _____	
30.	NET AMOUNT DUE FROM COUNTY FUNDS FOR AID (ITEM 25 MINUS ITEM 29).....	\$ _____	
31.	TOTAL AMOUNT DUE FROM COUNTY FUNDS FOR AID (ITEM 30, COL. A PLUS ITEM 25, COL. B)		\$ _____

FROM XXX COUNTY

FOR AID TO NEEDY CHILDREN

MONTH OF NOVEMBER, 19 48 48
(INCLUDE ONLY AID COVERING MONTHS AFTER OCTOBER 1, 1948)

ITEM A. TOTAL OF WARRANT AMOUNTS
(TOTAL WARRANT COL. 4, FORM CA 801)
(TO BE CARRIED FORWARD TO ITEM 20 ON AFFIDAVIT, FORM CA 800) \$ 621.50

ITEM B. TOTAL BASIS FOR STATE PARTICIPATION
(TOTAL COLUMNS 5A AND 5B, FORM CA 801)
(TO BE CARRIED FORWARD TO ITEM 1 ON AFFIDAVIT, FORM CA 800) \$ 618.50

ITEM C. TOTAL INELIGIBLE FOR FEDERAL PARTICIPATION
(TOTAL COLUMN 5B, FORM CA 801)
(TO BE CARRIED FORWARD TO ITEM 2 ON AFFIDAVIT, FORM CA 800) \$ 69.33

ITEM D. TOTAL ELIGIBLE FOR FEDERAL PARTICIPATION
(TOTAL COLUMN 5A, FORM CA 801)
(TO BE CARRIED FORWARD TO ITEM 3 ON AFFIDAVIT, FORM CA 800) \$ 549.17

COMPUTATION OF FEDERAL, STATE AND COUNTY SHARES:

CASES HAVING REQUIRED COUNTY RESIDENCE	COLUMN 1 BASIS FOR STATE PARTICIPATION	COLUMN 2 BASIS FOR FEDERAL PARTICIPATION		COLUMN 3 FEDERAL SHARE 2/3 COL. 2A PLUS 1/2 COL. 2B ON RECAPIT- ULATION SHEET	COLUMN 4 STATE SHARE	COLUMN 5 COUNTY SHARE
		3/4 (A) 3/4 BASIS TOTAL NO. EL. CHN. ON PAYROLL 6 X \$9.00 X 2A ON RECAP. SHEET	(B) 3/4 1/2 BASIS COL. 6 ON PAYROLL MINUS ITEM E, COL. 2A ON RECAP. SHEET			
ITEM E) ELIGIBLE FOR FEDERAL PARTICIPATION (TOTAL COL. 5A, FORM CA 801) TOTAL, COL. 1 FED., COLS. 2 & 3	\$ 316.67	\$ 12.00	70.00	\$ 89.00		
F) INELIGIBLE FOR FED. PARTICIPATION (TOTAL COL. 5B, FORM CA 801)	\$ 69.33					
G) TOTAL ITEMS E AND F	\$ 386.00					
H) LESS FEDERAL SHARE (SAME AS ITEM E, COLUMN 3)	\$ 89.00					
I) BASIS FOR COMPUTING STATE SHARE (ITEM G LESS ITEM H)	\$ 297.00					
J) STATE SHARE, COL. 4 (2/3 ITEM I) COUNTY SHARE, COL. 5 (1/3 ITEM I)					\$ 198.00	\$ 99.00
CASES NOT HAVING REQUIRED COUNTY RESIDENCE		TOTAL NO. EL. CHN. ON PAYROLL 1 X \$9.00 X 2A ON RECAP. SHEET				
ITEM K) ELIGIBLE FOR FEDERAL PARTICIPATION (TOTAL COL. 5A, FORM CA 801) TOTAL, COL. 1 FED., COLS. 2 & 3	\$ 232.50	\$ 48.00	\$ 33.00	\$ 52.50		
L) INELIGIBLE FOR FED. PARTICIPATION (TOTAL COL. 5B, FORM CA 801)	\$					
M) TOTAL ITEMS K AND L	\$ 232.50					
N) LESS FEDERAL SHARE (SAME AS ITEM K, COLUMN 3)	\$ 52.50					
O) STATE SHARE (ITEM M LESS ITEM N)					\$ 180.00	
P) GRAND TOTALS (AMTS. TO BE CARRIED FOR- WARD TO AFFIDAVIT FORM CA 800, AS NOTED)		\$ 120.00	\$ 103.00	\$ 141.50	\$ 378.00	\$ 99.00
		2A PLUS 2B TO ITEM 5		TO ITEM 6	TO ITEM 13	TO ITEM 25

October 1948

FORM CA 802, REVISED ~~October 1948~~
RECAPITULATION SHEET
TO ACCOMPANY PAY ROLL
(FORM CA 801)

FROM XXX COUNTYFORWARD TWO COPIES TO
STATE DEPARTMENT OF SOCIAL WELFARE
SACRAMENTO, CALIFORNIA

FOR AID TO NEEDY CHILDREN

MONTH OF November, 1948
(INCLUDE ONLY AID COVERING MONTHS AFTER OCTOBER 1, 1948)Supplement for
Prior Months

ITEM A. TOTAL OF WARRANT AMOUNTS
(TOTAL WARRANT COL. 4, FORM CA 801)
(TO BE CARRIED FORWARD TO ITEM 20 ON AFFIDAVIT, FORM CA 800) \$ 103.00

ITEM B. TOTAL BASIS FOR STATE PARTICIPATION
(TOTAL COLUMNS 5A AND 5B, FORM CA 801)
(TO BE CARRIED FORWARD TO ITEM 1 ON AFFIDAVIT, FORM CA 800) \$ 103.00

ITEM C. TOTAL INELIGIBLE FOR FEDERAL PARTICIPATION
(TOTAL COLUMN 5B, FORM CA 801)
(TO BE CARRIED FORWARD TO ITEM 2 ON AFFIDAVIT, FORM CA 800) \$ 33.33

ITEM D. TOTAL ELIGIBLE FOR FEDERAL PARTICIPATION
(TOTAL COLUMN 5A, FORM CA 801)
(TO BE CARRIED FORWARD TO ITEM 3 ON AFFIDAVIT, FORM CA 800) \$ 69.67

COMPUTATION OF FEDERAL, STATE AND COUNTY SHARES:

	COLUMN 1	COLUMN 2		COLUMN 3	COLUMN 4	COLUMN 5
CASES HAVING REQUIRED COUNTY RESIDENCE	BASIS FOR STATE PARTICIPATION	3/4 (A) BASIS FOR FEDERAL PARTICIPATION (B) 3/4	3/4	FEDERAL SHARE XX COL. 2A PLUS 1/2 COL. 2B ON RECAPITULATION SHEET	STATE SHARE	COUNTY SHARE
ITEM E) ELIGIBLE FOR FEDERAL PARTICIPATION (TOTAL COL. 5A, FORM CA 801) TOTAL, COL. 1 FED. COLS. 2 & 3	\$ 69.67	\$ 24.00	\$ 21.00	\$ 28.50		
F) INELIGIBLE FOR FED. PARTICIPATION (TOTAL COL. 5B, FORM CA 801)	\$ 33.33					
G) TOTAL ITEMS E AND F	\$ 103.00					
H) LESS FEDERAL SHARE (SAME AS ITEM E, COLUMN 3)	\$ 28.50					
I) BASIS FOR COMPUTING STATE SHARE (ITEM G LESS ITEM H)	\$ 74.50					
J) STATE SHARE, COL. 4 (2/3 ITEM I) COUNTY SHARE, COL. 5 (1/3 ITEM I)					\$ 49.67	\$ 24.83
CASES NOT HAVING REQUIRED COUNTY RESIDENCE		TOTAL NO. EL. CHN. ON PAYROLL X \$9.00 12.00	COL. 6 ON PAYROLL MINUS ITEM K, COL. 2A ON RECAP. SHEET			
ITEM K) ELIGIBLE FOR FEDERAL PARTICIPATION (TOTAL COL. 5A, FORM CA 801) TOTAL, COL. 1 FED. COLS. 2 & 3	\$	\$	\$	\$		
L) INELIGIBLE FOR FED. PARTICIPATION (TOTAL COL. 5B, FORM CA 801)	\$					
M) TOTAL ITEMS K AND L	\$					
N) LESS FEDERAL SHARE (SAME AS ITEM K, COLUMN 3)	\$					
O) STATE SHARE (ITEM M LESS ITEM N)					\$	
P) GRAND TOTALS (AMTS. TO BE CARRIED FORWARD TO AFFIDAVIT FORM CA 800, AS NOTED)		\$ 24.00	\$ 21.00	\$ 28.50	\$ 49.67	\$ 24.83
Brought Forward		2A PLUS 2B TO ITEM 5 18.00	21.00	TO ITEM 6 22.50	TO ITEM 13 51.67	TO ITEM 25 25.83

October 1948

FORM CA 802, REVISED DECEMBER 1, 1948
RECAPITULATION SHEET
TO ACCOMPANY PAY ROLL
(FORM CA 801)

Total 42.00 42.00 51.00 101.34 50.66

FROM XXX COUNTYFORWARD TWO COPIES TO
STATE DEPARTMENT OF SOCIAL WELFARE
SACRAMENTO, CALIFORNIA

FOR AID TO NEEDY CHILDREN

MONTH OF November, 1948
(INCLUDE ONLY AID COVERING MONTHS AFTER OCTOBER 1, 1946)Supplement for
Prior Months

ITEM A. TOTAL OF WARRANT AMOUNTS
(TOTAL WARRANT COL. 4, FORM CA 801)
(TO BE CARRIED FORWARD TO ITEM 20 ON AFFIDAVIT, FORM CA 800) \$ 100.00

ITEM B. TOTAL BASIS FOR STATE PARTICIPATION
(TOTAL COLUMNS 5A AND 5B, FORM CA 801)
(TO BE CARRIED FORWARD TO ITEM 1 ON AFFIDAVIT, FORM CA 800) \$ 100.00

ITEM C. TOTAL INELIGIBLE FOR FEDERAL PARTICIPATION
(TOTAL COLUMN 5B, FORM CA 801)
(TO BE CARRIED FORWARD TO ITEM 2 ON AFFIDAVIT, FORM CA 800) \$ 33.33

ITEM D. TOTAL ELIGIBLE FOR FEDERAL PARTICIPATION
(TOTAL COLUMN 5A, FORM CA 801)
(TO BE CARRIED FORWARD TO ITEM 3 ON AFFIDAVIT, FORM CA 800) \$ 66.67

COMPUTATION OF FEDERAL, STATE AND COUNTY SHARES:

CASES HAVING REQUIRED COUNTY RESIDENCE	COLUMN 1	COLUMN 2		COLUMN 3	COLUMN 4	COLUMN 5
	BASIS FOR STATE PARTICIPATION	BASIS FOR FEDERAL PARTICIPATION (A) 2/3 BASIS TOTAL NO. EL. CHN. ON PAYROLL X \$9.00	(B) 1/2 BASIS COL. 6 ON PAYROLL MINUS ITEM E, COL. 2A ON RECAP. SHEET	FEDERAL SHARE 2/3 COL. 2A PLUS 1/2 COL. 2B ON RECAP. SHEET	STATE SHARE	COUNTY SHARE
ITEM E) ELIGIBLE FOR FEDERAL PARTICIPATION (TOTAL COL. 5A, FORM CA 801) TOTAL, COL. 1 FED., COLS. 2 & 3	\$ 66.67	\$ 18.00	\$ 21.00	\$ 22.50		
F) INELIGIBLE FOR FED. PARTICIPATION (TOTAL COL. 5B, FORM CA 801)	\$ 33.33					
G) TOTAL ITEMS E AND F	\$ 100.00					
H) LESS FEDERAL SHARE (SAME AS ITEM E, COLUMN 3)	\$ 22.50					
I) BASIS FOR COMPUTING STATE SHARE (ITEM G LESS ITEM H)	\$ 77.50					
J) STATE SHARE, COL. 4 (2/3 ITEM I) COUNTY SHARE, COL. 5 (1/3 ITEM I)					\$ 51.67	\$ 25.83
CASES NOT HAVING REQUIRED COUNTY RESIDENCE		TOTAL NO. EL. CHN. ON PAYROLL X \$9.00	COL. 6 ON PAYROLL MINUS ITEM K, COL. 2A ON RECAP. SHEET			
ITEM K) ELIGIBLE FOR FEDERAL PARTICIPATION (TOTAL COL. 5A, FORM CA 801) TOTAL, COL. 1 FED., COLS. 2 & 3	\$	\$	\$	\$		
L) INELIGIBLE FOR FED. PARTICIPATION (TOTAL COL. 5B, FORM CA 801)	\$					
M) TOTAL ITEMS K AND L	\$					
N) LESS FEDERAL SHARE (SAME AS ITEM K, COLUMN 3)	\$					
O) STATE SHARE (ITEM M LESS ITEM N)					\$	
P) GRAND TOTALS (AMTS. TO BE CARRIED FOR- WARD TO AFFIDAVIT FORM CA 800, AS NOTED)		\$ 18.00	\$ 21.00	\$ 22.50	\$ 51.67	\$ 25.83
		2A PLUS 2B TO ITEM 5	TO ITEM 6	TO ITEM 13	TO ITEM 25	

CLAIM FOR FEDERAL AND STATE AID TO NEEDY CHILDREN

(Excluding aid paid under Section 1556.5 of the Welfare and Institutions Code)

Paid by XXX County

Month of November, 1948

(INDICATE NON-COUNTY CASES BY (*) IN COLUMNS 5 AND 6)

(1) STATE NUMBER	(2) NAMES OF PAYEES NAMES OF CHILDREN FAMILY GIVEN	(3) NO. OF CHILDREN		(4) WARRANT AMOUNT	(5) BASIS FOR STATE PARTICIPATION		(6) BASIS FOR FEDERAL PARTICI- PATION	(7) REMARKS	(8) WARRANT NUMBER
		(A)	(B)		(A)	(B)			
		EL.	INEL.		EL. TO FEDERAL	INEL. TO FEDERAL			
1	James Blake Blake, Arthur Myrtle John	2	1	175.50	136.50	36.00	45.00		201
2	Elizabeth White Smith, Andrew Harry Jean	2	1	100.00	66.67	33.33	45.00		202
3	Ida Allen Allen, Helen Mabel Sally Lawrence	4		232.50	*232.50		81.00		203
4	Alice Hicks Hicks, John	1		88.50	88.50		27.00		204
5	Mary French French, Elsie	1		25.00	25.00		25.00		205
				621.50	549.17	69.33	223.00		

Total number of children on this page eligible 10 ineligible 2

(Supplemental warrants covering increases for children already counted on the current payroll or previous months' payrolls not to be included in the total number of children)

Warrants Dated _____
(Except as otherwise shown in Column 7)

CLAIM FOR FEDERAL AND STATE AID TO NEEDY CHILDREN

(Excluding aid paid under Section 1556.5 of the Welfare and Institutions Code)

Paid by _____ XXX _____ County

Month of _____ November _____, 19 48

SUPPLEMENT FOR
PRIOR MONTHS

(INDICATE NON-COUNTY CASES BY (*) IN COLUMNS 5 AND 6)

(1)	(2)	(3)		(4)	(5)		(6)	(7)	(8)
STATE NUMBER	NAMES OF PAYEES NAMES OF CHILDREN FAMILY GIVEN	NO. OF CHILDREN		WARRANT AMOUNT	BASIS FOR STATE PARTICIPATION		BASIS FOR FEDERAL PARTICI- PATION	REMARKS	WARRANT NUMBER
		(A) EL.	(B) INEL.		(A) EL. TO FEDERAL	(B) INEL. TO FEDERAL			
	<u>OCTOBER 1948</u>								
4	Alice Hicks Hicks, John			3.00	3.00			Increase Maximum Fed. Basis allowed on Oct. 1948 claim.	206 11/4/48
2	Elizabeth White Smith, Andrew Harry Jean	2	1	100.00	66.67	33.33	45.00		202 11/1/48
	<u>SEPTEMBER 1948</u>								
2	Elizabeth White Smith, Andrew Harry Jean	2	1	100.00	66.67	33.00	39.00		202 11/1/48

Total number of children on this page eligible 4 ineligible 2

(Supplemental warrants covering increases for children already counted on the current payroll or previous months' payrolls not to be included in the total number of children)

Certified as a Regulation (or
Regulations) of the

Dept of Soc. Insurance
(Name of State Agency)

M. J. Mulvaney
(Signature)

Director
(Title)

7/28/48
(Date)

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

616 K STREET
SACRAMENTO 14

July 8, 1948

in the office of the Secretary of State
of the State of California

JUL 29 1948

At 4:30 o'clock P. M.

FRANK M. JORDAN, Secretary of State

By *Robert V. Jordan*
Assistant Secretary of State

DEPARTMENT BULLETIN NO. 324 (ANB)

TO: COUNTY BOARDS OF SUPERVISORS
COUNTY WELFARE DEPARTMENTS
COUNTY AUDITORS

Subject: Amendments to Social Security Act
Effective October 1, 1948
Aid to Needy Blind

Amendments to Title X of the Social Security Act as passed by Congress make Section 3084.1 of the Aid to Needy Blind Law effective October 1, 1948, and change the methods of computing federal reimbursement. The following rulings and regulations will govern in making the necessary changes in grants of Aid to Needy Blind. (The amount of the grant in Aid to Partially Self-Supporting Blind Residents is not affected by the amendments).

A. AID TO NEEDY BLIND GRANT ADJUSTMENTS EFFECTIVE OCTOBER 1, 1948

Section 3084.1 of the Welfare and Institutions Code provides as follows:

"If, when, and during such times as the United States Government increases its contributions in assistance of the needy blind in this State, the amount of the grant of aid provided in this chapter shall be increased by an amount equal to such increase by the United States Government."

The amendment to House Joint Resolution No. 296 affecting public assistance was attached to our Circular Letter No. 407 dated June 15, 1948.

In accord with the amendments to Section 1003 of Title X of the Social Security Act, which change the amount of federal reimbursement, adjustments in the grants of Aid to Needy Blind recipients will be required effective October 1, 1948. As of that date the maximum Aid to Needy Blind grant will be \$80 a month.

In order that one warrant may be issued in October to cover the full amount payable for that month, and so that the warrant may be delivered without delay, counties may secure action by the board of supervisors in September on increases to be effective October 1, 1948.

Most recipients will receive a \$5 increase in their grant.

In those very few cases in which the total need of Aid to Needy Blind recipients consists entirely of the cost of nursing home or rest home care which is being met by the current grant plus continuing income, the grant will not be increased provided there is no increase in the cost of such care or decrease in the amount of continuing income.

Example A: An ANB recipient is living in a nursing home where all needs are being met at a cost of \$100 a month. The present grant of ANB is \$75 a month and a contribution of \$25 a month is being made by a son, thus supplementing the grant to meet total need. The cost of care remains at \$100 a month and the contribution of \$25 continues, thus no increase in aid is indicated.

Example B: An ANB recipient is living in a nursing home where all needs are being met at a cost of \$110 a month. The present grant of ANB is \$75 a month and a contribution of \$35 a month is being made by a nephew to meet the total need. The cost of care remains at \$110 a month; however, the nephew reduces his contribution to \$30 a month. ANB will be increased to \$80 a month.

I. Increase effected by reference to payroll.

The amount of the increase to be made can be ascertained by reference to the payroll except in those cases involving need in excess of basic continuing needs. In these so-called "excess need" cases review of the case records will be necessary to insure that proper increases are made effective October 1, 1948.

As a first step in preparing these increases, it is suggested that "excess need" cases be designated on the payroll - an increase of \$5 will then be in order for all cases not so designated.

Reports of increases of \$5 for all recipients, except those whose need is determined on an excess need basis, may be submitted to the State Department of Social Welfare in list form (Temp. 134, Rev. 7/48) or by use of the Notice of Change (Form B1 232) for the individual case. If a list is used, it shall be in accord with the attached form (Temp. 134, Rev. 7/48) and the cases shall be listed in numerical order according to state number. One copy of the list shall be submitted showing action of the board of supervisors. When lists are used, proper notation must be made in the county case record for the individual case showing the increase in amount of aid effective October 1, 1948. Use of a rubber stamp is suggested in order to record the following information in the case record:

"Aid increased effective October 1, 1948, to \$ _____ in
accord with Section 3084.1 of the Welfare and Institutions
Code per action of Board of Supervisors on _____."
Date _____

If an individual Notice of Change is filed for any given case, such case shall not be included on the list (Temp. 134, Rev. 7/48).

II. Increase effected by reference to individual case records.

If review of the case records is preferred, segregation of the present caseload into the following groups will expedite the task of making the required changes:

- a. ANB RECIPIENTS CURRENTLY RECEIVING A GRANT OF \$75 BECAUSE THEY HAVE NO INCOME FROM ANY SOURCE (OTHER THAN CASUAL INCOME)

Aid for each such recipient shall be increased to \$80.

b. ANB RECIPIENTS CURRENTLY RECEIVING A GRANT OF LESS THAN \$75 DUE TO DEDUCTION OF INCOME FROM \$75

There will be a \$5 increase in the grant of each such recipient so that the amount of the grant plus income will equal \$80.

Reports of increases of \$5 to recipients falling in either group a or b above may be submitted to the State Department of Social Welfare in list form or by submission of the usual Notice of Change for the individual case. If a Notice of Change is used, for the purpose of the increase effective October 1, 1948, under "Reason for Change" the notation "Section 3084.1" will suffice. If a list is used, it shall be prepared in accord with instructions appearing under Item I above. When lists are used, proper notation must be made in the county case record for the individual case showing the increase in the amount of aid effective October 1, 1948, and the date of the board of supervisors' action increasing the aid. (See Item I for use of rubber stamp.)

The usual Notice of Change showing the source and the amount of income, etc., must be submitted for every case in which a change in income or need is reported.

c. NEED IN EXCESS OF \$80 - ANB

Since Section 3084.1 (Aid to Needy Blind) provides that \$80 a month is required to meet basic needs, appropriate adjustment must be made effective October 1, 1948, in the grants of individual recipients whose total need is currently determined by adding the cost of special items of need to the cost of basic needs as outlined in Manual Section 156-25; Definition and Determination of Needs in Excess of Basic Continuing Needs in ANB.

For each such adjustment in the grant to conform to Section 3084.1 the usual Notice of Change reporting total need, nature and amount of each excess need, the source and amount of income, etc., and the board of supervisors' action shall be submitted to the SDSW. This type of case may not be reported in list form.

When the income is such that a redetermination of it is normally due, or there is indication that total need, as currently established, may require review, a recheck of both the income and need factors should be made immediately in order that the adjustment in the grant will be correct.

In Aid to Needy Blind the difference between total need and the income represents the amount of aid to which the recipient is entitled except that in no case may the grant of aid exceed \$80, the maximum amount payable to an individual. Likewise, in no case may the grant of aid, plus the income, be less than \$80.

Notification of Action by the Board of Supervisors (Form Bl 239) need not be forwarded to ANB recipients who are currently receiving a grant of \$75 because they have no income from any source and whose grants will be increased to the new maximum of \$80 effective October 1, 1948. Likewise, Form Bl 239 is not required to be sent to ANB recipients whose grants are now determined by subtracting their income from \$75, and who will receive an increase effective October 1, 1948, in order that the grant plus the income will total the new maximum of \$80. (Those whose increases may be reported by submission of a list as outlined in Sections I and II of this bulletin.)

For all other cases in which adjustments are made effective October 1, 1948, the usual Notification of Right of Appeal (Form BI 239) shall be sent.

B. ANB - ASSISTANCE PAYROLLS, RECAPITULATION SHEETS AND AFFIDAVIT

Effective October 1, 1948, the federal government will reimburse an amount equal to the sum of the following proportions of the total amounts expended during a quarter as aid to the blind not counting so much of such expenditure with respect to any such individual for any month as exceeds \$50 -

- (1) Three-fourths of such expenditures, not counting so much of any expenditure with respect to any month as exceeds the product of \$20 multiplied by the total number of such individuals who received aid to the blind for such month, plus
- (2) One-half of the amount by which such expenditures exceed the maximum which may be counted under clause (1).

The following example shows the way of computing the federal share:

<u>Payee</u>	<u>Warrant</u>	<u>Excess over \$50</u>
Jones	\$80	\$30
Smith	30	-
Doe	10	-
Brown	<u>4</u>	<u>-</u>
Total	\$124	\$30

- a. Total expenditure, not counting excess over \$50 equals.....\$94
- b. Three-fourths of such expenditures, not counting excess over the product of the number of recipients eligible for federal participation multiplied by \$20
4 times \$20 equals \$80. $3/4$ of \$80 equals.....\$60
This is the part of the federal share computed under clause (1), above.
- c. One-half of the difference between \$94 and \$80 equals.....\$ 7
This is the part of the federal share included under clause (2), above.
- d. Total federal share is \$60 plus \$7 or.....\$67

Samples of the forms with examples are included in this bulletin.

There is no change in Form AB 801, Claim for Federal and State Aid, except that the column heading which reads: "Amount in Excess of \$45 on Federal Cases" will be changed, beginning with aid covering the month of October 1948, to "Amount in Excess of \$50 on Federal Cases". It will not be necessary to order new Forms AB 801 for the October 1948 assistance payrolls, as the changes indicated above may easily be made on the forms now on hand.

The method of preparing Form AB 801 is exactly as at present, except (1) for the change in the column heading indicated above, and (2) any payment for months prior to October 1948 included on the assistance claim for October 1948, or subsequent months, will be reported under the rules and regulations applicable prior to

October 1948; i.e., will be subject to the \$75 state maximum and the federal excess will be computed on the basis of a \$45 maximum.

Form Bl 802, Recapitulation Sheet, has been revised to accommodate the new computations. For current monthly payments covering aid for October 1948, and subsequent months, "Recapitulation Sheet, Form Bl 802, Revised October 1, 1948," shall be used. For supplemental payments applicable to October 1948, and subsequent months, a separate "Form Bl 802, Revised October 1, 1948," shall be used.

For supplemental payments applicable to months prior to October 1948 Form Bl 802, revised October 1947, will be used.

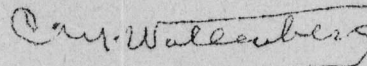
The formula for the computation of the federal share in any individual case, covering aid for October 1948, and subsequent months, is as follows:

Federal share equals $\frac{3}{4}$ of \$20 plus $\frac{1}{2}$ of the remainder not to exceed \$50. This may be simplified for purposes of computation to:

Federal share equals $\frac{1}{2}$ of the grant (not counting amount over \$50) plus \$5.

There is no change in the Aid Affidavit, Form Bl 800, Revised October 1947.

Very sincerely yours,



CHARLES M. WOLLENBERG, Director
Department of Social Welfare

Attachment

Forward one copy to
State Department of Social Welfare
Sacramento, California

Date _____

AID TO NEEDY BLIND AUTOMATIC INCREASE LIST
EFFECTIVE OCTOBER 1, 1948

FROM _____ COUNTY

The following recipients of Aid to Needy Blind are entitled to an automatic increase in aid of five dollars (\$5) a month each, thus raising the grant from seventy-five dollars (\$75) to eighty dollars (\$80) a month, or adjusting the grant so that the income plus the Aid totals eighty dollars (\$80) a month. These increases are made to conform to the provisions of Section 3084.1 of the Welfare and Institutions Code effective October 1, 1948.

This list includes cases in which the only adjustment is the automatic increase as required by law, and not those in which changes in income have occurred, nor those in which income is being allowed to meet need in excess of \$80 a month.

PAGES _____ TO _____ APPROVED BY THE BOARD OF SUPERVISORS

OF THE COUNTY OF _____ ON _____
(Date)

Signature of County Clerk or Deputy

STATE CASE NUMBER NAME

OLD RATE

NEW RATE

(Note: List cases in numerical order according to state case number. This form to be used for first page only. Blank sheets may be used for additional pages.)

AID AFFIDAVIT

FORWARD TWO COPIES TO
ATE DEPARTMENT OF SOCIAL WELFARE
SACRAMENTO, CALIFORNIAFROM XXX COUNTY
FOR AID TO THE BLINDMONTH OF November, 1948 FISCAL YEAR
(STATE USE ONLY)

AMOUNT DUE FROM FEDERAL FUNDS FOR AID	CURRENT MONTH COLUMN A	PRIOR MONTHS COLUMN B
1. TOTAL AID PAID UNDER BLIND LAWS (ITEM F, COL. 1, FORM BL 802) NUMBER OF BLIND PERSONS: CURRENT MONTH <u>11</u> ; PRIOR MONTHS <u>4</u>	\$ <u>702.50</u>	\$ <u>280.00</u>
2. AMOUNT PAID TO BLIND PERSONS INELIGIBLE FOR FEDERAL AID (TOTAL ITEMS A & B; COL. 1, FORM BL 802) NUMBER OF PERSONS: CURRENT MONTH <u>5</u> ; PRIOR MONTHS <u>2</u>	\$ <u>335.00</u>	\$ <u>160.00</u>
3. TOTAL AID IN EXCESS OF \$45 PAID TO BLIND PERSONS ELIGIBLE FOR FEDERAL AID (ITEM F, COL. 2, FORM BL 802)	\$ <u>72.50</u>	\$ <u>5.00</u>
4. TOTAL OF ITEMS 2 AND 3	\$ <u>407.50</u>	\$ <u>165.00</u>
5. BASIS FOR FEDERAL PARTICIPATION (ITEM 1 MINUS ITEM 4)	\$ <u>295.00</u>	\$ <u>115.00</u>
6. AMOUNT DUE FROM FEDERAL FUNDS FOR AID (ITEM F, COL. 3, FORM BL 802)	\$ <u>177.50</u>	\$ <u>65.00</u>
7. FEDERAL SHARE OF ADJUSTMENTS (TOTAL COL. 7, FORM ABC 803) ..	\$ _____	
8. FEDERAL SHARE OF CANCELED WARRANTS FOR PRIOR MONTHS (TOTAL COL. 9, FORM BL 804)	\$ _____	
9. FEDERAL SHARE OF COLLECTIONS (TOTAL CO. 7, FORM ABC 803)	\$ _____	
10. TOTAL OF ITEMS 7, 8, AND 9	\$ _____	
11. NET AMOUNT DUE FROM FEDERAL FUNDS FOR AID (ITEM 6 MINUS ITEM 10)	\$ <u>177.50</u>	
12. TOTAL AMOUNT DUE FROM FEDERAL FUNDS FOR AID (ITEM 11, COL. A, PLUS ITEM 6, COL. B)	\$ <u>242.50</u>	

AMOUNT DUE FROM STATE FUNDS FOR AID		
13. AMOUNT DUE FROM STATE FUNDS FOR AID (ITEM F, COL. 4, FORM BL 802)	\$ <u>449.38</u>	\$ <u>173.75</u>
14. STATE SHARE OF ADJUSTMENTS (TOTAL COL. 8, FORM ABC 803)	\$ _____	
15. STATE SHARE OF CANCELED WARRANTS FOR PRIOR MONTHS (TOTAL COL. 10, FORM BL 804)	\$ _____	
16. STATE SHARE OF COLLECTIONS (TOTAL COL. 8, FORM ABC 803)	\$ _____	
17. TOTAL OF ITEMS 14, 15, AND 16	\$ _____	
18. NET AMOUNT DUE FROM STATE FUNDS FOR AID (ITEM 13 MINUS ITEM 17)	\$ <u>449.38</u>	
19. TOTAL AMOUNT DUE FROM STATE FUNDS FOR AID (ITEM 18, COL. A, PLUS ITEM 13, COL. B)	\$ <u>623.13</u>	

AMOUNTS FOR REPORTING PURPOSES ONLY		APPROVAL STAMP
20. TOTAL ADJUSTMENTS (TOTAL COL. 6, FORM ABC 803)	\$ _____	
21. TOTAL CANCELED WARRANTS FOR PRIOR MONTHS (TOTAL COL. 7, FORM BL 804) ..	\$ _____	
22. TOTAL COLLECTIONS (TOTAL COL. 6, FORM ABC 803)	\$ _____	

STATE OF CALIFORNIA, COUNTY OF _____ SS. I,
BEING DULY SWORN, DEPOSE AND SAY: THAT I AM THE COUNTY OFFICIAL RESPONSIBLE FOR THE ADMINISTRATION OF AID TO
THE BLIND IN AND FOR THE SAID COUNTY; THAT ALL PROVISIONS OF CHAPTERS 1 AND 3 OF PART 1 OF DIVISION V OF THE
WELFARE AND INSTITUTIONS CODE, AND AMENDMENTS THERETO, AND TITLE X OF THE SOCIAL SECURITY ACT, AND AMENDMENTS
THERETO, HAVE BEEN COMPLIED WITH TO THE BEST OF MY KNOWLEDGE AND BELIEF.SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY _____
OF _____, 19 _____
SIGNATURE OF WELFARE DIRECTOR OR OFFICIAL IN CHARGE
TITLE _____
APPROVED _____
CHAIRMAN, BOARD OF SUPERVISORS

TITLE _____

I HEREBY CERTIFY, THAT WARRANTS COVERING ALL AMOUNTS DUE UNDER THE LAWS HAVE BEEN ISSUED AND CHARGED TO FUNDS
FOR AID IN ACCORDANCE WITH THE BLIND LAWS, CHAPTERS 1 AND 3 OF PART 1 OF DIVISION V OF THE WELFARE AND INSTITUTIONS
CODE, AND AMENDMENTS THERETO.

SIGNATURE OF COUNTY AUDITOR

COUNTY SHARE (COUNTY USE ONLY)	CURRENT MONTH COLUMN A	PRIOR MONTHS COLUMN B
23. AMOUNT DUE FROM COUNTY FUNDS FOR AID (ITEM F, COL. 5, FORM BL 802).....	\$ _____	\$ _____
24. COUNTY SHARE OF ADJUSTMENTS (TOTAL COL. 9, FORM ABC 803).....	\$ _____	
25. COUNTY SHARE OF CANCELED WARRANTS FOR PRIOR MONTHS (TOTAL COL. 11, FORM BL 804).....	\$ _____	
26. COUNTY SHARE OF COLLECTIONS (TOTAL COL. 9, FORM ABC 803).....	\$ _____	
27. TOTAL OF ITEMS 24, 25, AND 26.....	\$ _____	
28. NET AMOUNT DUE FROM COUNTY FUNDS FOR AID (ITEM 23 MINUS ITEM 27).....	\$ _____	
29. TOTAL AMOUNT DUE FROM COUNTY FUNDS FOR AID (ITEM 28, COL. A, PLUS ITEM 23, COL. B)		
		\$ _____

FROM XXX COUNTY

FOR AID TO THE BLIND

MONTH OF November, 1948(INCLUDE ONLY AID COVERING MONTHS AFTER OCTOBER 1, ~~1947~~ 1948)

	COLUMN 1 TOTAL AID PAID UNDER THE BLIND LAWS (TOTAL COL. 3, FORM AB 801)	COLUMN 2 AMOUNT IN EXCESS OF \$45.00 IN FEDERAL CASES (TOTAL COL. 4, FORM AB 801)	COLUMN 3 FEDERAL SHARE	COLUMN 4 STATE SHARE	COLUMN 5 COUNTY SHARE
A) NONFEDERAL CASES - ANB TOTAL, COL. 1 STATE SHARE, COL. 4 (3/4 OF TOTAL) COUNTY SHARE, COL. 5 (1/4 OF TOTAL)	\$ 80.00			\$ 60.00	\$ 20.00
B) NONFEDERAL CASES - APSB TOTAL, COL. 1 STATE SHARE, COL. 4 (5/6 OF TOTAL) COUNTY SHARE, COL. 5 (1/6 OF TOTAL)	\$ 150.00			\$ 125.00	\$ 25.00
C) NONFEDERAL-NONCOUNTY CASES TOTAL, COL. 1. ANB STATE SHARE, COL. 4 & (SAME AS COL. 1) APSB	\$ 105.00			\$ 105.00	
D) NONCOUNTY CASES TOTAL, COL. 1 EXCESS, COL. 2 FEDERAL SHARE, COL. 3 STATE SHARE, COL. 4 (SEE WORKSHEET BELOW FOR COMPUTATIONS)	\$ 125.00	\$ 30.00	\$ 57.50	\$ 67.50	
E) REGULAR CASES TOTAL, COL. 1 EXCESS, COL. 2 FEDERAL SHARE, COL. 3 STATE SHARE, COL. 4 COUNTY SHARE COL. 5 (SEE WORKSHEET BELOW FOR COMPUTATIONS)	\$ 242.50	\$ 42.50	\$ 120.00	\$ 91.88	\$ 30.62
F) GRAND TOTALS (AMOUNTS TO BE CARRIED FORWARD TO AFFIDAVIT, FORM BL 800, AS NOTED)	\$ 702.50 (TO ITEM 1)	\$ 72.50 (TO ITEM 3)	\$ 177.50 (TO ITEM 6)	\$ 449.38 (TO ITEM 13)	\$ 75.62 (TO ITEM 23)

WORKSHEET FOR COMPUTING FEDERAL, STATE, & COUNTY SHARES ON NONCOUNTY AND REGULAR CASES

I NONCOUNTY CASES (ITEM D ABOVE)

FEDERAL SHARE	
TOTAL NONCOUNTY CASES (ITEM D, COL. 1).....	\$ 125.00
LESS: EXCESS ON NONCOUNTY CASES (ITEM D, COL. 2).....	\$ 30.00
EQUALS: TOTAL BASIS FOR FEDERAL PARTICIPATION.....	\$ 95.00
LESS: 2/3 ^{3/4} BASIS FOR FEDERAL PARTICIPATION	
(<u>2</u> NONCOUNTY CASES ELIGIBLE FOR FEDERAL	
NUMBER PARTICIPATION X \$45 ^{\$45}).....	\$ 40.00
BALANCE IS 1/2 BASIS FOR FEDERAL PARTICIPATION.....	\$ 55.00
TOTAL FEDERAL SHARE NONCOUNTY CASES.....	\$ 57.50
	(ITEM D, COL. 3, ABOVE)
STATE SHARE	
TOTAL NONCOUNTY.....(ITEM D, COL. 1).....	\$ 125.00
LESS: FEDERAL SHARE.....	\$ 57.50
EQUALS: STATE SHARE.....(ITEM D, COL. 4, ABOVE).....	\$ 67.50

II REGULAR CASES (ITEM E ABOVE)

FEDERAL SHARE	
TOTAL REGULAR CASES (ITEM E, COL. 1).....	\$ 242.50
LESS: EXCESS ON REGULAR CASES (ITEM E, COL. 2).....	\$ 42.50
EQUALS: TOTAL BASIS FOR FEDERAL PARTICIPATION.....	\$ 200.00
LESS: 2/3 ^{3/4} BASIS FOR FEDERAL PARTICIPATION	
(<u>4</u> REGULAR CASES ELIGIBLE FOR FEDERAL	
NUMBER PARTICIPATION X \$45 ^{\$45}).....	\$ 80.00
BALANCE IS 1/2 BASIS FOR FEDERAL PARTICIPATION.....	\$ 120.00
TOTAL FEDERAL SHARE REGULAR CASES.....	\$ 120.00
	(ITEM E, COL. 3, ABOVE)
STATE SHARE	
TOTAL REGULAR CASES.....(ITEM E, COL. 1).....	\$ 242.50
LESS: FEDERAL SHARE.....	\$ 120.00
EQUALS: BASIS FOR STATE AND COUNTY PARTICIPATION.....	\$ 122.50
	STATE SHARE IS 3/4, OR \$ 91.88 (ITEM E, COL. 4, ABOVE)
	COUNTY SHARE IS 1/4, OR \$ 30.62 (ITEM E, COL. 5, ABOVE)

FROM XXX COUNTY

FOR AID TO THE BLIND

MONTH OF November, 1948SUPPLEMENT FOR
PRIOR MONTHS

(INCLUDE ONLY AID COVERING MONTHS AFTER OCTOBER 1, 1947)

	COLUMN 1 TOTAL AID PAID UNDER THE BLIND LAWS (TOTAL COL. 3, FORM BL 801) AB	COLUMN 2 AMOUNT IN EXCESS OF \$25.00 IN FEDERAL CASES (TOTAL COL. 4, FORM BL 801) AB	COLUMN 3 FEDERAL SHARE	COLUMN 4 STATE SHARE	COLUMN 5 COUNTY SHARE
A) NONFEDERAL CASES - ANB TOTAL, COL. 1 STATE SHARE, COL. 4 (3/4 OF TOTAL) COUNTY SHARE, COL. 5 (1/4 OF TOTAL)	\$ 5.00			\$ 3.75	\$ 1.25
B) NONFEDERAL CASES - APSB TOTAL, COL. 1 STATE SHARE, COL. 4 (5/6 OF TOTAL) COUNTY SHARE, COL. 5 (1/6 OF TOTAL)	\$ 75.00			\$ 62.50	\$ 12.50
C) NONFEDERAL-NONCOUNTY CASES TOTAL, COL. 1. ANB STATE SHARE, COL. 4 & (SAME AS COL. 1) APSB	\$			\$	
D) NONCOUNTY CASES TOTAL, COL. 1 EXCESS, COL. 2 FEDERAL SHARE, COL. 3 STATE SHARE, COL. 4 (SEE WORKSHEET BELOW FOR COMPUTATIONS)	\$	\$	\$	\$	
E) REGULAR CASES TOTAL, COL. 1 EXCESS, COL. 2 FEDERAL SHARE, COL. 3 STATE SHARE, COL. 4 COUNTY SHARE COL. 5 (SEE WORKSHEET BELOW FOR COMPUTATIONS)	\$ 60.00	\$	\$ 35.00	\$ 18.75	\$ 6.25
F) GRAND TOTALS (AMOUNTS TO BE CARRIED FORWARD TO AFFIDAVIT, FORM BL 800, AS NOTED)	\$ 140.00 (TO ITEM 1)	\$ (TO ITEM 3)	\$ 35.00 (TO ITEM 6)	\$ 85.00 (TO ITEM 13)	\$ 20.00 (TO ITEM 23)

WORKSHEET FOR COMPUTING FEDERAL, STATE, & COUNTY SHARES ON NONCOUNTY AND REGULAR CASES

I NONCOUNTY CASES (ITEM D ABOVE)

FEDERAL SHARE
TOTAL NONCOUNTY CASES (ITEM D, COL. 1).....\$
LESS: EXCESS ON NONCOUNTY CASES (ITEM D, COL. 2).....\$
EQUALS: TOTAL BASIS FOR FEDERAL PARTICIPATION.....\$
LESS: $\frac{3}{4}$ BASIS FOR FEDERAL PARTICIPATION
(20 NONCOUNTY CASES ELIGIBLE FOR FEDERAL
NUMBER PARTICIPATION X \$15).....\$ FED. SHARE IS $\frac{3}{4}$, OR \$
BALANCE IS $\frac{1}{2}$ BASIS FOR FEDERAL PARTICIPATION.....\$ FED. SHARE IS $\frac{1}{2}$, OR \$
TOTAL FEDERAL SHARE NONCOUNTY CASES.....\$
(ITEM D, COL. 3,
ABOVE)
STATE SHARE
TOTAL NONCOUNTY.....(ITEM D, COL. 1).....\$
LESS: FEDERAL SHARE.....\$
EQUALS: STATE SHARE.....(ITEM D, COL. 4, ABOVE).....\$

II REGULAR CASES (ITEM E ABOVE)

FEDERAL SHARE
TOTAL REGULAR CASES (ITEM E, COL. 1).....\$ 60.00
LESS: EXCESS ON REGULAR CASES (ITEM E, COL. 2).....\$ -0-
EQUALS: TOTAL BASIS FOR FEDERAL PARTICIPATION.....\$ 60.00
LESS: $\frac{3}{4}$ BASIS FOR FEDERAL PARTICIPATION
(1 REGULAR CASES ELIGIBLE FOR FEDERAL
NUMBER PARTICIPATION X \$15).....\$ 20.00 FED. SHARE IS $\frac{3}{4}$, OR \$ 15.00
BALANCE IS $\frac{1}{2}$ BASIS FOR FEDERAL PARTICIPATION.....\$ 40.00 FED. SHARE IS $\frac{1}{2}$, OR \$ 20.00
TOTAL FEDERAL SHARE REGULAR CASES.....\$ 35.00
(ITEM E, COL. 3,
ABOVE)
STATE SHARE
TOTAL REGULAR CASES.....(ITEM E, COL. 1).....\$ 60.00
LESS: FEDERAL SHARE.....\$ 35.00
EQUALS: BASIS FOR STATE AND COUNTY PARTICIPATION.....\$ 25.00
STATE SHARE IS $\frac{3}{4}$, OR \$ 18.75
(ITEM E, COL. 4,
ABOVE)
COUNTY SHARE IS $\frac{1}{4}$, OR \$ 6.25
(ITEM E, COL. 5,
ABOVE)

FROM XXX COUNTY

FOR AID TO THE BLIND

MONTH OF November, 1948
(INCLUDE ONLY AID COVERING MONTHS AFTER OCTOBER 1, 1947)SUPPLEMENT FOR
PRIOR MONTHS

	COLUMN 1 TOTAL AID PAID UNDER THE BLIND LAWS (TOTAL COL. 3, FORM BL 801) AB	COLUMN 2 AMOUNT IN EXCESS OF \$45.00 IN FEDERAL CASES (TOTAL COL. 4, FORM BL 801) AB	COLUMN 3 FEDERAL SHARE	COLUMN 4 STATE SHARE	COLUMN 5 COUNTY SHARE
A) NONFEDERAL CASES - ANB TOTAL, COL. 1 STATE SHARE, COL. 4 (3/4 OF TOTAL) COUNTY SHARE, COL. 5 (1/4 OF TOTAL)	\$ 5.00			\$ 3.75	\$ 1.25
B) NONFEDERAL CASES - APSB TOTAL, COL. 1 STATE SHARE, COL. 4 (5/6 OF TOTAL) COUNTY SHARE, COL. 5 (1/6 OF TOTAL)	\$ 75.00			\$ 62.50	\$ 12.50
C) NONFEDERAL-NONCOUNTY CASES TOTAL, COL. 1. ANB STATE SHARE, COL. 4 & (SAME AS COL. 1) APSB	\$			\$	
D) NONCOUNTY CASES TOTAL, COL. 1 EXCESS, COL. 2 FEDERAL SHARE, COL. 3 STATE SHARE, COL. 4 (SEE WORKSHEET BELOW FOR COMPUTATIONS)	\$	\$	\$	\$	
E) REGULAR CASES TOTAL, COL. 1 EXCESS, COL. 2 FEDERAL SHARE, COL. 3 STATE SHARE, COL. 4 COUNTY SHARE COL. 5 (SEE WORKSHEET BELOW FOR COMPUTATIONS)	\$ 60.00	\$ 5.00	\$ 30.00	\$ 22.50	\$ 7.50
F) GRAND TOTALS (AMOUNTS TO BE CARRIED FORWARD TO AFFIDAVIT, FORM BL 800, AS NOTED)	\$ 140.00 (TO ITEM 1)	\$ 5.00 (TO ITEM 3)	\$ 30.00 (TO ITEM 6)	\$ 88.75 (TO ITEM 13)	\$ 21.25 (TO ITEM 23)

WORKSHEET FOR COMPUTING FEDERAL, STATE, & COUNTY SHARES ON NONCOUNTY AND REGULAR CASES

I NONCOUNTY CASES (ITEM D ABOVE)

FEDERAL SHARE
TOTAL NONCOUNTY CASES (ITEM D, COL. 1).....\$
LESS: EXCESS ON NONCOUNTY CASES (ITEM D, COL. 2).....\$
EQUALS: TOTAL BASIS FOR FEDERAL PARTICIPATION.....\$
LESS: 2/3 BASIS FOR FEDERAL PARTICIPATION
(NONCOUNTY CASES ELIGIBLE FOR FEDERAL
NUMBER PARTICIPATION X \$15).....\$ FED. SHARE IS 2/3, OR \$
BALANCE IS 1/2 BASIS FOR FEDERAL PARTICIPATION.....\$ FED. SHARE IS 1/2, OR \$
TOTAL FEDERAL SHARE NONCOUNTY CASES.....\$
(ITEM D, COL. 3, ABOVE)

STATE SHARE
TOTAL NONCOUNTY.....(ITEM D, COL. 1).....\$
LESS: FEDERAL SHARE.....\$
EQUALS: STATE SHARE.....(ITEM D, COL. 4, ABOVE).....\$

II REGULAR CASES (ITEM E ABOVE)

FEDERAL SHARE
TOTAL REGULAR CASES (ITEM E, COL. 1).....\$ 60.00
LESS: EXCESS ON REGULAR CASES (ITEM E, COL. 2).....\$ 5.00
EQUALS: TOTAL BASIS FOR FEDERAL PARTICIPATION.....\$ 55.00
LESS: 2/3 BASIS FOR FEDERAL PARTICIPATION
(REGULAR CASES ELIGIBLE FOR FEDERAL
NUMBER PARTICIPATION X \$15).....\$ 15.00 FED. SHARE IS 2/3, OR \$ 10.00
BALANCE IS 1/2 BASIS FOR FEDERAL PARTICIPATION.....\$ 40.00 FED. SHARE IS 1/2, OR \$ 20.00
TOTAL FEDERAL SHARE REGULAR CASES.....\$ 30.00
(ITEM E, COL. 3, ABOVE)

STATE SHARE
TOTAL REGULAR CASES.....(ITEM E, COL. 1).....\$ 60.00
LESS: FEDERAL SHARE.....\$ 30.00
EQUALS: BASIS FOR STATE AND COUNTY PARTICIPATION.....\$ 30.00
STATE SHARE IS 3/4, OR \$ 22.50
(ITEM E, COL. 4, ABOVE)
COUNTY SHARE IS 1/4, OR \$ 7.50
(ITEM E, COL. 5, ABOVE)

CLAIM FOR FEDERAL AND STATE BLIND AID

PAID BY XXX COUNTY

Month of November, 19 48

WARRANTS DATED
November 1, 1948

(Indicate Non-County Cases by (*), Non-Federal Cases by (**) and Non-County Non-Federal Cases by (***) in Column 3)

1	2	3	4	5	6	7	8
Name	State Number	Total Aid Paid	Amount in Excess of \$45 50 on Federal Cases	Federal Share Non-County Cases (Completion of Columns 5 and 6 Optional)	State Share Non-County and Non-Federal Cases	State Use Only	Warrant Number
Family	Given						
JONES, Thomas	1	80.00	30.00				100
BROWN, Helen	2	57.50	7.50				101
WHITE, John	3	*80.00	*30.00				102
REDSTONE, Peter	4	55.00	5.00				103
CRABBE, Wm.	6	*45.00	.				104
BLACK, Edward	8	**80.00					105
STONE, Edwin	9	***30.00					106
WHEELER, James	10	50.00					107
APSB Cases							
BRAMMER, Leon	5	***75.00					108
SMITH, Harold	7	**75.00					109
CECIL, John	11	**75.00					110
							11/4/48
		702.50					

October 1, 1948 TOTAL NUMBER OF PERSONS ON THIS PAGE

ELIGIBLE 5 INELIGIBLE TO FEDERAL

Form AB 801 - Revised ~~XXXX,XXXX~~
Payroll to Accompany Affidavit

(Warrants covering increases not to be counted in number of persons)

CLAIM FOR FEDERAL AND STATE BLIND AID

PAID BY XXX COUNTY

SUPPLEMENT
FOR PRIOR MONTHS

Month of November, 1948

WARRANTS DATED
See Column 3

(Indicate Non-County Cases by (*), Non-Federal Cases by (**) and Non-County Non-Federal Cases by (***) in Column 3)

1	2	3	4	5	6	7	8
Name	State Number	Total Aid Paid	Amount in Excess of \$ 40 <u>50</u> on Federal Cases	Federal Share Non-County Cases (Completion of Columns 5 and 6 Optional)	State Share Non-County and Non-Federal Cases	State Use Only	Warrant Number
Family	Given						
<u>OCTOBER 1948</u>							
JONES, Thomas	1	10.00	Increase				111 11/15/48
BLACK, Edward	8	**5.00	Increase				112 11/16/48
WHEELER, James	10	50.00	.				113 11/17/48
<u>APSB</u>							
CECIL, John	11	**75.00					110 11/4/48
		140.00					

October 1, 1948 1 TOTAL NUMBER OF PERSONS ON THIS PAGE

CLAIM FOR FEDERAL AND STATE _____ BLIND _____ AID

PAID BY _____ XXX _____ COUNTY

SUPPLEMENT
FOR PRIOR MONTHS

Month of _____ November _____, 19 48

WARRANTS DATED
See Column 8

(Indicate Non-County Cases by (*), Non-Federal Cases by (**) and Non-County Non-Federal Cases by (***) in Column 3)

1	2	3	4	5	6	7	8
Name	State Number	Total Aid Paid	Amount in Excess of \$45 on Federal Cases	Federal Share Non-County Cases (Completion of Columns 5 and 6 Optional)	State Share Non-County and Non-Federal Cases	State Use Only	Warrant Number
Family	Given						
SEPTEMBER, 1948							
JONES, Thomas	1	10.00	Increase				111 11/15/48
BLACK, Edward	8	**5.00	Increase				112 11/16/48
WHEELER, James	10	50.00	5.00				113 11/17/48
APSB							
CECIL, John	11	**75.00					110 11/14/48
		140.00	5.00				

Certified as a Regulation (or
Regulations) of the

Dept of Soc. Welfare
(Name of State Agency)

McElhinney
(Signature)

Director
(Title)

7/28/48
(Date)

MAIN OFFICE
SACRAMENTO
616 K STREET
(14)

LOS ANGELES OFFICE
WASHINGTON BUILDING
311 SOUTH SPRING STREET
(13)

SAN FRANCISCO OFFICE
GRAYSTONE BUILDING
948 MARKET STREET
(3)

Earl Warren
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES M. WOLLENBERG
DIRECTOR
Sacramento 14
July 28, 1948

22
2
TITLE
CHAPTER

SOCIAL WELFARE BOARD

BEN KOENIG, CHAIRMAN
1680 NORTH VINE STREET
LOS ANGELES

MRS. RUBY BACIGALUPI
1870 JACKSON STREET
SAN FRANCISCO

JOHN C. CUNEO
922 J STREET
MODESTO

GERALD C. KEPPLER
135 NORTH BRIGHT AVENUE
WHITTIER

REV. THOMAS H. MARKHAM
409 NATIVE SONS' BUILDING
SACRAMENTO

JOHN T. MARTIN
1170 SEVENTH AVENUE
SAN DIEGO

MRS. JESSIE S. WILLIAMSON
2816 OAK KNOLL TERRACE
BERKELEY

Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

FILED

in the office of the Secretary of State
of the State of California

JUL 29 1948

At 4:30 o'clock P. M.

FRANK M. JORDAN, Secretary of State

By *Robert V. Jordan*
Assistant Secretary of State

IN REPLY PLEASE REFER
TO:

My dear Mr. Jordan:

Attached are three copies of the following regulations
issued by the State Department of Social Welfare:

DEPARTMENT BULLETIN NO. 323 (OAS) (Emergency Regulation)
DEPARTMENT BULLETIN NO. 324 (ANB) (Emergency Regulation)
DEPARTMENT BULLETIN NO. 325 (ANC) (Emergency Regulation)

These regulations were ratified by the State Social Welfare Board on July 23, 1948, pursuant to the powers conferred upon it by the Welfare and Institutions Code under Sections 103, 103.5, 103.6, and 114b, and are being filed in accordance with Section 11380 of the Government Code.

These regulations were ratified by the State Social Welfare Board to be effective immediately upon filing with the Secretary of State, since this has been found necessary for the immediate preservation of the public peace, health, and safety or general welfare and that notice and public procedure thereon are impracticable, unnecessary or contrary to the public interest; they will be operative October 1, 1948.

Very sincerely yours,

Charles M. Wollenberg
CHARLES M. WOLLENBERG, Director
Department of Social Welfare

468:b5
Attachments

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

616 K STREET
SACRAMENTO 14
July 2, 1948

FILED

in the office of the Secretary of State
of the State of California

DEPARTMENT BULLETIN NO. 323 (OAS)

TO: COUNTY BOARDS OF SUPERVISORS
COUNTY WELFARE DEPARTMENTS
COUNTY AUDITORS

JUL 29 1948

At 4:30 o'clock P. M.

FRANK M. JORDAN, Secretary of State

By *Robert V. Jordan*
Assistant Secretary of State

Subject: Old Age Security
Amendments to Social Security
Act, Effective October 1, 1948

A. OLD AGE SECURITY GRANT ADJUSTMENTS EFFECTIVE OCTOBER 1, 1948

Amendment to Title I of the Social Security Act as passed by Congress effective October 1, 1948, changes the amount of federal reimbursement on Old Age Security grants. (See Circular Letter 407, issued June 15, 1948.) Under the provisions of Welfare and Institution Code Section 2025, grants of Old Age Security recipients must be adjusted. Effective October 1, 1948, the maximum Old Age Security grant will be \$65. Most recipients will receive a \$5 increase in the grant. The budget deficiency for many whose aid has been computed by the budget method is such that they will be entitled to a \$5 increase, whereas the budget deficiency in other cases is such that an increase in a lesser amount will be necessary. When the current grant plus the income equals total need of \$65 or more there is no budget deficiency and consequently such recipient will be entitled to receive no increase.

The amount of the increase to be made cannot be ascertained by reference to the payroll. Reference to the case records will be necessary in order that proper increases can be made effective October 1.

In order that one warrant may be issued in October to cover the full amount payable for that month, and so that warrants may be delivered without delay, counties may secure action by the board of supervisors in September on increases to be effective October 1, 1948.

I. Recipients Currently Receiving a Grant of \$60 Because They Have No Income From Any Source (Other Than Casual Income)

Aid for each recipient must be increased to \$65.

Reports of increases of \$5 for recipients falling in this group may be submitted to the State Department of Social Welfare in list form, or by use of the Notice of Change form for the individual case. If a list is used it shall be in accord with the attached form and the cases shall be listed in numerical order according to state number. Two copies thereof shall be submitted showing action of the board of supervisors. When lists are used

proper notation must be made in the chronological record for the individual case showing the increase in amount of aid effective October 1, 1948. Use of a rubber stamp is suggested in order to record the following information:

"Aid increased effective October 1, 1948, to \$ _____ in
accord with Section 2025 of the Welfare and Institutions
Code per action of Board of Supervisors on _____."
Date

(Previously when increases have been reported by list, Notices of Change showing Board of Supervisors' action on the same date the list was approved by the Board of Supervisors have been submitted for some cases appearing on the list and authorizing a grant different than that reported on the list. If after a list is prepared a Notice of Change is prepared recommending an October grant in an amount different from that shown on the list either (1) delete the name from the list before it is presented to the Board of Supervisors or (2) state under "Remarks" on the Notice of Change that the action shown thereon supersedes that shown on the list.)

Those few recipients who received Old Age Security in July 1943, and who are currently receiving exempt agricultural income (or income from nursing service) will not be entitled to receive an automatic increase to \$65 effective October 1, 1948. Such amount of the agricultural income (or income from nursing service) as is necessary to keep the grant at the amount received in July 1943 becomes deductible income. Therefore, for each recipient who has income from agricultural employment or nursing service, and whose need does not exceed \$65, the October 1 adjustment must be reported on a Notice of Change. If the recipient received a grant of \$50 in July 1943 and will continue to receive that amount insert the required information opposite "Change in Need or Income, No Change in Grant" on Form Ag 232 as follows:

Change	Effec. Date of Change	Total Amount Aged Aid Per Month Granted From Date of Change	INCOME OTHER THAN AGED AID	
			Total Income Other Than Aged Aid	Source and Amount of Income
(Column 1)	(Column 2)	(Column 3)	(Column 4)	(Column 5)
Change in Need or Income. No Change in Grant.	10/1/48	\$50	\$15	Agriculture \$15

If the agricultural income is less than \$15, increase in the grant to the extent of the difference between \$65 and the agricultural income will be necessary. For example, if the recipient who received \$50 Old Age Security in July 1943, has \$13 income in October for agricultural labor, his grant must be increased to \$52. Enter the required information opposite "Increase" on the Form Ag 232.

II. Recipients Currently Receiving a Grant of Less Than \$60 Due to Deduction of Income From \$60

There will be a \$5 increase in the grant of each such recipient so that the amount of the grant plus income will equal \$65. Reports of increases of \$5 to recipients falling in this group may be submitted to the State Department of Social Welfare in list form or by submission of the usual Notice of Change for the individual case. If a list is used, it shall be prepared in accord with instructions appearing under Item 1, above. When lists are used proper notation must be made in the chronological record for the individual case showing the increase in the amount of aid effective October 1, 1948, and the date of the board of supervisors' action increasing the aid.

The usual Notice of Change showing the source and amount of income, etc., must be submitted for every case in which a change in income is reported.

A Notice of Change must be used to report an increase in the amount of deductible income from agricultural labor (or nursing service). For example, a recipient in July 1943 received a grant of \$41. In September he receives \$41 Old Age Security, his \$3 occupancy value and the first \$16 of his agricultural income being deducted from \$60 (deduction of \$16 necessary to keep grant at amount received in July 1943). Effective October 1, such additional amount of his agricultural income as is necessary to keep the grant at \$41 becomes deductible. Complete the Form Ag 232 as follows:

Change	Effec. Date of Change	Total Amount Aged Aid Per Month Granted From Date of Change	INCOME OTHER THAN AGED AID	
			Total Income Other Than Aged Aid	Source and Amount of Income
(Column 1)	(Column 2)	(Column 3)	(Column 4)	(Column 5)
Change in Need or Income. No Change in Grant.	10/1/48	\$41	\$24	O.V. \$ 3 Agriculture \$21

If the recipient's agricultural income is in such small amount that all of it become deductible, an increase is necessary to adjust the grant so that the aid paid plus the income shall equal \$65. The required information is entered opposite "Increase" on the Form Ag 232. In the above example if the total income from agricultural income was only \$9 aid would have to be increased to \$53.

III. Need in Excess of \$65

Appropriate adjustment in the grants of individual recipients currently receiving aid in accord with the budget method under Manual Section 155-25, and those whose total need is currently determined by adding the cost of special items of need to \$60 as outline in Manual Section 155-30, must be made effective October 1, 1948.

For each adjustment in budget and excess need cases the usual Notice of Change reporting total need, the source and amount of income, etc., and the board of supervisors' action shall be submitted to the State Department of Social Welfare.

(There may be some recipients whose grants are currently determined on the basis of need in excess of \$60 and who currently receive exempt agricultural income. When October 1, 1948, grant adjustment are determined consideration must be given to that part of the agricultural income, if any, which becomes deductible income.)

* * * * *

In general, the amount of the grant will be computed on the basis of information currently included in the individual case record. However, when the income is such that a redetermination of it is normally due, or there is indication that total need as currently established may require review, a recheck of both the income and need factors should be made immediately in order that the October 1 adjustment in the grant will be correct.

The difference between total need and the income represents the amount of aid to which the recipient is entitled except that in no case may the grant of aid exceed \$65, the maximum amount payable to an individual. Likewise, in no case may the grant of aid, plus the income, be less than \$65.

Notification of Right of Appeal (Form Ag 239) need not be forwarded to Old Age Security recipients who are currently receiving a grant of \$60 because they have no income from any source, and whose grants will be increased to \$65 on October 1, 1948. Likewise, Form Ag 239 is not required to be sent to recipients whose grants are currently determined by subtracting their income from \$60 (those whose increases may be reported by submission of a list--see Sections I and II of this bulletin). For all other cases in which grants are changed effective October 1, 1948, the usual notification on Form Ag 239 shall be sent.

(See next page)

To facilitate the preparation of Notices of Change reporting increases effective October 1, 1948, counties may mimeograph and use a special form in lieu of Form Ag 232. By so doing, the amount of information to be inserted for the individual case can be held to a minimum. Forms completed in long hand are acceptable if legible, and the form may be either letter or legal size. A form such as shown below is suggested, but counties may devise their own form provided it gives all of the information shown on the suggested form.

Notice of Change
Old Age Security

(Mimeo Name of County) _____ County

County Number _____ State Number _____

Name _____

Date _____

Aid Increased Effective October 1, 1948, as Required by W&IC Section 2025

OAS Grant	Income Other Than Aged Aid		Total Need	Nature and Amount of Each Excess Need and How Verified
	Total Income Other Than Aged Aid	Sources and Amounts of Income		

Approved by the Board of Supervisors of (Mimeo Name of County) _____ County this _____ day of _____, 1948. (If all actions are taken on the same date the day and month can also be mimeographed, thus eliminating the need to insert the information.)

Signed _____
County Clerk or Deputy

Reserve for State

Review _____ Date _____

Audit _____ Date _____

Forward two copies to
State Department of Social Welfare
Sacramento, California

Date _____

OLD AGE SECURITY AUTOMATIC INCREASE LIST
EFFECTIVE OCTOBER 1, 1948

(Not to be used for Budget or Excess Need cases)

FROM _____ COUNTY

The following recipients of Old Age Security, other than those whose grant is computed on the basis of excess need and the budget method, are entitled to an automatic increase in aid of Five Dollars (\$5.00) per month each, thus raising the grant from Sixty Dollars (\$60.00) to Sixty-five Dollars (\$65.00) per month, or adjusting the grant so that the income plus the Aid totals Sixty-five Dollars (\$65.00) per month. These increases are made to conform to the provisions of amended Title I of the Social Security Act and Section 2025 of the Welfare and Institutions Code, effective October 1, 1948.

This list includes cases in which the only adjustment is the automatic increase as required by law, and not those in which changes in income have occurred.

PAGES _____ TO _____ APPROVED BY THE BOARD OF SUPERVISORS

OF THE COUNTY OF _____ ON _____
Date

Signature of County Clerk or Deputy

NAME

STATE CASE NUMBER

NEW RATE

OLD RATE

(Note: List cases in numerical order according to State Case Number. This form to be used for first page only. Blank sheets may be used for additional pages.)

B. OAS - ASSISTANCE PAYROLLS, RECAPITULATION SHEETS AND AFFIDAVIT

Beginning October 1, 1948, the Federal Government will reimburse an amount equal to the sum of the following proportions of the total amounts expended during such quarter as old age assistance not counting so much of such expenditures with respect to any such individual for any month as exceeds \$50.

1. Three-fourths of such expenditures, not counting so much of any expenditure with respect to any month as exceeds the product of \$20 multiplied by the total number of such individuals who received old age assistance for such month, plus
2. One-half of the amount by which such expenditures exceed the maximum which may be counted under clause (1).

The following example shows the way of computing the federal share:

<u>Payee</u>	<u>Warrant</u>	<u>Excess over \$50</u>
Jones	\$65	\$15
Smith	30	-
Doe	10	-
Brown	<u>4</u>	<u>-</u>
Total	\$109	\$15

(a) Total expenditure, not counting excess over \$50 equals..... \$94

(b) Three-fourths of such expenditures, not counting excess over the product of the number of recipients eligible for federal participation multiplied by \$20.

4 times \$20 equals \$80. $3/4$ of \$80 equals..... \$60

This is the part of the federal share computed under clause (1), above.

(c) One-half of the difference between \$94 and \$80 equals..... \$ 7

This is the part of the federal share included under clause (2), above.

(d) Total federal share is \$60 plus \$7.00, or..... \$67

Samples of the forms with examples are included in this bulletin.

There is no change in Form AB 801, Claim for Federal and State Aid, except that the column heading which reads "Amount in Excess of \$45 on Federal Cases" will be changed, beginning with aid covering the month of October 1948, to "Amount in Excess of \$50 on Federal Cases". It will not be necessary to order new Forms AB 801 for the October 1948 assistance payrolls, as the changes indicated above may easily be made on the forms now on hand.

The method of preparing Forms AB 801 beginning October 1, 1948 will be exactly as at present, except (1) for the change in the column heading indicated above, and (2) any payment for months prior to October 1948, included on the assistance claim for October 1948, or subsequent months, will be reported under the rules

and regulations applicable prior to October 1948; i.e., will be subject to the \$60 State maximum, and the federal excess will be computed on the basis of a \$45 federal maximum.

Form Ag 802, Recapitulation Sheet, has been revised to accommodate the new computations. For current monthly payments covering aid for October 1948, and subsequent months, "Recapitulation Sheet, Form Ag 802, Revised October 1, 1948," shall be used. For supplemental payments applicable to October 1948, and subsequent months, a separate "Form Ag 802, Revised October 1, 1948," shall be used.

For supplemental payments applicable to months prior to October 1948, the Form Ag 802, Revised October 1, 1947, shall be used.

The formula for the computation of the federal share in any individual case, covering aid for October 1948, and subsequent months, is as follows:

Federal share equals $\frac{3}{4}$ of \$20 plus $\frac{1}{2}$ of (Amount of grant, not counting amounts over \$50 less \$20)

This may be simplified for purposes of computation to:

Federal share equals \$5.00 plus $\frac{\text{Grant not counting amount over \$50}}{2}$

There is no change in the Aid Affidavit, Form Ag 800, Revised October 1947.

Very sincerely yours,

Chas. Wollenberg

CHARLES M. WOLLENBERG, Director
Department of Social Welfare

AID AFFIDAVIT

FROM XXX COUNTY
FOR OLD AGE SECURITYMONTH OF November, 19 48 FISCAL YEAR
(STATE USE ONLY)

AMOUNT DUE FROM FEDERAL FUNDS FOR AID	CURRENT MONTH COLUMN A	PRIOR MONTHS COLUMN B
1. TOTAL AID PAID UNDER OAS LAW (ITEM E, COL. 1, FORM AG 802) NUMBER OF AGED PERSONS: CURRENT MONTH <u>11</u> ; PRIOR MONTHS <u>1</u>	\$ <u>553.83</u>	\$ <u>287.00</u>
2. AMOUNT PAID TO AGED PERSONS INELIGIBLE FOR FEDERAL AID (TOTAL ITEMS A & B, COL. 1, FORM AG 802) NUMBER OF PERSONS: CURRENT MONTH <u>3</u> ; PRIOR MONTHS <u>2</u>	\$ <u>153.00</u>	\$ <u>125.00</u>
3. TOTAL AID IN EXCESS OF \$45 PAID TO AGED PERSONS ELIGIBLE FOR FEDERAL AID (ITEM E, COL. 2, FORM AG802)	\$ <u>42.00</u>	\$ <u>44.00</u>
4. TOTAL OF ITEMS 2 AND 3.....	\$ <u>195.00</u>	\$ <u>169.00</u>
5. BASIS FOR FEDERAL PARTICIPATION (ITEM 1 MINUS ITEM 4).....	\$ <u>358.83</u>	\$ <u>118.00</u>
6. AMOUNT DUE FROM FEDERAL FUNDS FOR AID (ITEM E, COL. 3, FORM AG802)	\$ <u>219.42</u>	\$ <u>66.50</u>
7. FEDERAL SHARE OF ADJUSTMENTS (TOTAL COL. 7, FORM ABC 803).....	\$ <u>-0-</u>	
8. FEDERAL SHARE OF CANCELLED WARRANTS FOR PRIOR MONTHS (TOTAL COL. 9, FORM AG804).....	\$ <u>-0-</u>	
9. FEDERAL SHARE OF COLLECTIONS (TOTAL COL. 7, FORM ABC 803).....	\$ <u>-0-</u>	
10. TOTAL OF ITEMS 7, 8, AND 9	\$ <u>-0-</u>	
11. NET AMOUNT DUE FROM FEDERAL FUNDS FOR AID (ITEM 6 MINUS ITEM 10)	\$ <u>219.42</u>	
12. TOTAL AMOUNT DUE FROM FEDERAL FUNDS FOR AID (ITEM 11, COL. A, PLUS ITEM 6, COL. B)	\$ <u>285.92</u>	

AMOUNT DUE FROM STATE FUNDS FOR AID	
13. AMOUNT DUE FROM STATE FUNDS FOR AID (ITEM E, COL. 4, FORM AG802).....	\$ <u>302.35</u>
14. STATE SHARE OF ADJUSTMENTS (TOTAL COL. 8, FORM ABC 803)\$	\$ <u>-0-</u>
15. STATE SHARE OF CANCELLED WARRANTS FOR PRIOR MONTHS (TOTAL COL. 10, FORM AG804).....	\$ <u>-0-</u>
16. STATE SHARE OF COLLECTIONS (TOTAL COL. 8, FORM ABC 803)	\$ <u>-0-</u>
17. TOTAL OF ITEMS 14, 15, AND 16	\$ <u>-0-</u>
18. NET AMOUNT DUE FROM STATE FUNDS FOR AID (ITEM 13 MINUS ITEM 17)...	\$ <u>302.35</u>
19. TOTAL AMOUNT DUE FROM STATE FUNDS FOR AID (ITEM 18, COL. A, PLUS ITEM 13, COL. B)	\$ <u>509.21</u>

AMOUNTS FOR REPORTING PURPOSES ONLY	APPROVAL STAMP
20. TOTAL ADJUSTMENTS (TOTAL COL. 6, FORM ABC 803).....	\$ <u>-0-</u>
21. TOTAL CANCELLED WARRANTS FOR PRIOR MONTHS (TOTAL COL. 7, FORM AG804)	\$ <u>-0-</u>
22. TOTAL COLLECTIONS (TOTAL COL. 6, FORM ABC 803)	\$ <u>-0-</u>

STATE OF CALIFORNIA, COUNTY OF _____)SS

I, _____, BEING DULY SWORN, DEPOSE AND SAY: THAT I AM THE COUNTY OFFICIAL
RESPONSIBLE FOR THE ADMINISTRATION OF OLD AGE SECURITY IN AND FOR THE SAID COUNTY; THAT ALL PROVISIONS OF
CHAPTER I OF DIVISION III OF THE WELFARE AND INSTITUTIONS CODE, AND AMENDMENTS THERETO, AND TITLE I OF THE SOCIAL
SECURITY ACT, AND AMENDMENTS THERETO, HAVE BEEN COMPLIED WITH TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY

SIGNATURE OF WELFARE DIRECTOR OR OFFICIAL IN CHARGE

OF _____, 19 _____

TITLE _____

APPROVED _____

CHAIRMAN, BOARD OF SUPERVISORS

TITLE _____

I HEREBY CERTIFY, THAT WARRANTS COVERING ALL AMOUNTS DUE UNDER THE LAW HAVE BEEN ISSUED AND CHARGED TO FUNDS FOR
AID IN ACCORDANCE WITH THE OLD AGE SECURITY LAW, CHAPTER I OF DIVISION III OF THE WELFARE AND INSTITUTIONS CODE, AND
AMENDMENTS THERETO.

SIGNATURE OF COUNTY AUDITOR

COUNTY SHARE (COUNTY USE ONLY)

CURRENT MONTH
COLUMN A

PRIOR MONTHS
COLUMN B

23. AMOUNT DUE FROM COUNTY FUNDS FOR AID (ITEM E, COL. 5, FORM AG 802)	\$ _____	\$ _____
24. COUNTY SHARE OF ADJUSTMENTS (TOTAL COL. 9, FORM ABC 803)	\$ _____	
25. COUNTY SHARE OF CANCELLED WARRANTS FOR PRIOR MONTHS (TOTAL COL. 11, FORM AG 804)	\$ _____	
26. COUNTY SHARE OF COLLECTIONS (TOTAL COL. 9, FORM ABC 803)	\$ _____	
27. TOTAL OF ITEMS 24, 25, AND 26	\$ _____	
28. NET AMOUNT DUE FROM COUNTY FUNDS FOR AID (ITEM 23 MINUS ITEM 27)	\$ _____	
29. TOTAL AMOUNT DUE FROM COUNTY FUNDS FOR AID (ITEM 28, COL. A, PLUS ITEM 23, COL. B)		\$ _____

FROM XXX COUNTY

FOR OLD AGE SECURITY

MONTH OF November, 19 48

(INCLUDE ONLY AID COVERING MONTHS AFTER AUGUST 1, 1947)

	COLUMN 1 TOTAL AID PAID UNDER THE OLD AGE SECURITY LAW (TOTAL COL. 3, FORM AG 801)	COLUMN 2 AMOUNT IN EXCESS OF \$45.00-00 FEDERAL CASES (TOTAL COL. 4, FORM AG 801)	COLUMN 3 FEDERAL SHARE	COLUMN 4 STATE SHARE	COLUMN 5 COUNTY SHARE
A) NONFEDERAL CASES TOTAL, COL. 1 STATE SHARE, COL. 4 (6/7 OF TOTAL) COUNTY SHARE, COL. 5 (1/7 OF TOTAL)	\$ <u>88.00</u>			\$ <u>75.43</u>	\$ <u>12.57</u>
B) NONFEDERAL-NONCOUNTY CASES TOTAL, COL. 1 STATE SHARE, COL. 4 (SAME AS COL. 1)	\$ <u>65.00</u>			\$ <u>65.00</u>	
C) NONCOUNTY CASES TOTAL, COL. 1 EXCESS, COL. 2 FEDERAL SHARE, COL. 3 STATE SHARE, COL. 4 (SEE WORKSHEET BELOW FOR COMPUTATIONS)	\$ <u>95.00</u>	\$ <u>15.00</u>	\$ <u>50.00</u>	\$ <u>45.00</u>	
D) REGULAR CASES TOTAL, COL. 1 EXCESS, COL. 2 FEDERAL SHARE, COL. 3 STATE SHARE, COL. 4 COUNTY SHARE, COL. 5 (SEE WORKSHEET BELOW FOR COMPUTATIONS)	\$ <u>305.83</u>	\$ <u>27.00</u>	\$ <u>169.42</u>	\$ <u>116.92</u>	\$ <u>19.49</u>
E) GRAND TOTALS (AMOUNTS TO BE CARRIED FORWARD TO AFFIDAVIT, FORM AG 800, AS NOTED)	\$ <u>553.83</u> (TO ITEM 1)	\$ <u>42.00</u> (TO ITEM 3)	\$ <u>219.42</u> (TO ITEM 6)	\$ <u>302.35</u> (TO ITEM 13)	\$ <u>32.06</u> (TO ITEM 23)

WORKSHEET FOR COMPUTING FEDERAL, STATE, AND COUNTY SHARES ON NONCOUNTY AND REGULAR CASES

I NONCOUNTY CASES (ITEM C ABOVE)

FEDERAL SHARE

TOTAL NONCOUNTY CASES (ITEM C, COL. 1).....\$

95.00LESS: EXCESS ON NONCOUNTY CASES (ITEM C, COL. 2)....\$ 15.00EQUALS: TOTAL BASIS FOR FEDERAL PARTICIPATION.....\$ 80.00LESS: $\frac{3}{4}$ BASIS FOR FEDERAL PARTICIPATION($\frac{2}{6}$ NONCOUNTY CASES ELIGIBLE FOR(NUMBER) FEDERAL PARTICIPATION X \$15).....\$ 40.00BALANCE IS $\frac{1}{2}$ BASIS FOR FEDERAL PARTICIPATION.....\$ 40.00

TOTAL FEDERAL SHARE NONCOUNTY CASES.....

FED. SHARE IS $\frac{3}{4}$, OR \$ 30.00" " " $\frac{1}{2}$, OR \$ 20.00

(ITEM C, COL. 3, ABOVE)

STATE SHARETOTAL NONCOUNTY CASES (ITEM C, COL. 1).....\$ 95.00LESS: FEDERAL SHARE.....\$ 50.00EQUALS: STATE SHARE (ITEM C, COL. 4, ABOVE).....\$ 45.00

II REGULAR CASES (ITEM D ABOVE)

FEDERAL SHARETOTAL REGULAR CASES (ITEM D, COL. 1).....\$ 305.83LESS: EXCESS ON REGULAR CASES (ITEM D, COL. 2).....\$ 27.00EQUALS: TOTAL BASIS FOR FEDERAL PARTICIPATION.....\$ 278.83LESS: $\frac{3}{4}$ BASIS FOR FEDERAL PARTICIPATION($\frac{6}{6}$ REGULAR CASES ELIGIBLE FOR FEDERAL(NUMBER) PARTICIPATION X \$15).....\$ 120.00BALANCE IS $\frac{1}{2}$ BASIS FOR FEDERAL PARTICIPATION.....\$ 158.83

TOTAL FEDERAL SHARE REGULAR CASES.....

FED. SHARE IS $\frac{3}{4}$, OR \$ 90.00" " " $\frac{1}{2}$, OR \$ 79.42

(ITEM D, COL. 3, ABOVE)

STATE SHARETOTAL REGULAR CASES (ITEM D, COL. 1).....\$ 305.83LESS: FEDERAL SHARE.....\$ 169.42EQUALS: BASIS FOR STATE AND COUNTY PARTICIPATION....\$ 136.41STATE SHARE IS $\frac{6}{7}$, OR \$ 116.92COUNTY SHARE IS $\frac{1}{7}$, OR \$ 19.49

FROM XXX COUNTY

FOR OLD AGE SECURITY

MONTH OF November, 19 48FORWARD TWO COPIES TO
STATE DEPARTMENT OF SOCIAL WELFARE
SACRAMENTO, CALIFORNIA

Supplement for Prior Months

(INCLUDE ONLY AID COVERING MONTHS AFTER AUGUST 1, 1947) OCTOBER 1, 1948

	COLUMN 1 TOTAL AID PAID UNDER THE OLD AGE SECURITY LAW (TOTAL COL. 3, FORM AG 801)	COLUMN 2 AMOUNT IN EXCESS OF \$45.00 IN FEDERAL CASES (TOTAL COL. 4, FORM AG 801)	COLUMN 3 FEDERAL SHARE	COLUMN 4 STATE SHARE	COLUMN 5 COUNTY SHARE
A) NONFEDERAL CASES TOTAL, COL. 1 STATE SHARE, COL. 4 (6/7 OF TOTAL) COUNTY SHARE, COL. 5 (1/7 OF TOTAL)	\$ -0-			\$ -0-	\$ -0-
B) NONFEDERAL-NONCOUNTY CASES TOTAL, COL. 1 STATE SHARE, COL. 4 (SAME AS COL. 1)	\$ 65.00			\$ 65.00	
C) NONCOUNTY CASES TOTAL, COL. 1 EXCESS, COL. 2 FEDERAL SHARE, COL. 3 STATE SHARE, COL. 4 (SEE WORKSHEET BELOW FOR COMPUTATIONS)	\$ -0-	\$ -0-	\$ -0-	\$ -0-	
D) REGULAR CASES TOTAL, COL. 1 EXCESS, COL. 2 FEDERAL SHARE, COL. 3 STATE SHARE, COL. 4 COUNTY SHARE, COL. 5 (SEE WORKSHEET BELOW FOR COMPUTATIONS)	\$ 71.00	\$ 12.00	\$ 34.50	\$ 31.29	\$ 5.21
E) GRAND TOTALS (AMOUNTS TO BE CARRIED FORWARD TO AFFIDAVIT, FORM AG 800, AS NOTED)	\$ 136.00 (TO ITEM 1)	\$ 12.00 (TO ITEM 3)	\$ 34.50 (TO ITEM 6)	\$ 96.29 (TO ITEM 13)	\$ 5.21 (TO ITEM 23)

WORKSHEET FOR COMPUTING FEDERAL, STATE, AND COUNTY SHARES ON NONCOUNTY AND REGULAR CASES

I NONCOUNTY CASES (ITEM C ABOVE)

FEDERAL SHARE

TOTAL NONCOUNTY CASES (ITEM C, COL. 1).....\$

LESS: EXCESS ON NONCOUNTY CASES (ITEM C, COL. 2)....\$

EQUALS: TOTAL BASIS FOR FEDERAL PARTICIPATION.....\$

LESS: $\frac{2}{3}$ BASIS FOR FEDERAL PARTICIPATION
(NUMBER) NONCOUNTY CASES ELIGIBLE FOR
FEDERAL PARTICIPATION X \$15.20.....\$BALANCE IS $\frac{1}{2}$ BASIS FOR FEDERAL PARTICIPATION.....\$

TOTAL FEDERAL SHARE NONCOUNTY CASES.....\$

FED. SHARE IS $\frac{3}{4}$ OR \$
" " " $\frac{1}{2}$, OR \$
(ITEM C, COL. 3, ABOVE)

STATE SHARE

TOTAL NONCOUNTY CASES (ITEM C, COL. 1).....\$

LESS: FEDERAL SHARE.....\$

EQUALS: STATE SHARE (ITEM C, COL. 4, ABOVE).....\$

II REGULAR CASES (ITEM D ABOVE)

FEDERAL SHARE

TOTAL REGULAR CASES (ITEM D, COL. 1).....\$ 71.00

LESS: EXCESS ON REGULAR CASES (ITEM D, COL. 2).....\$ 12.00

EQUALS: $\frac{3}{4}$ TOTAL BASIS FOR FEDERAL PARTICIPATION.....\$ 59.00LESS: $\frac{1}{3}$ BASIS FOR FEDERAL PARTICIPATION
(NUMBER) REGULAR CASES ELIGIBLE FOR FEDERAL
PARTICIPATION X \$15.20.....\$ 20.00BALANCE IS $\frac{1}{2}$ BASIS FOR FEDERAL PARTICIPATION.....\$ 39.00

TOTAL FEDERAL SHARE REGULAR CASES.....\$

FED. SHARE IS $\frac{3}{4}$ OR \$ 15.00
" " " $\frac{1}{2}$, OR \$ 19.50
34.50
(ITEM D, COL. 3, ABOVE)

STATE SHARE

TOTAL REGULAR CASES (ITEM D, COL. 1).....\$ 71.00

LESS: FEDERAL SHARE.....\$ 34.50

EQUALS: BASIS FOR STATE AND COUNTY PARTICIPATION....\$ 36.50

STATE SHARE IS $\frac{6}{7}$ OR \$ 31.29
(ITEM D, COL. 4, ABOVE)
COUNTY SHARE IS $\frac{1}{7}$ OR \$ 5.21
(ITEM D, COL. 5, ABOVE)

FROM XXX COUNTY
FOR OLD AGE SECURITYFORWARD TWO COPIES TO
STATE DEPARTMENT OF SOCIAL WELFARE
SACRAMENTO, CALIFORNIA

Supplement for Prior Months

MONTH OF _____, 19__

(INCLUDE ONLY AID COVERING MONTHS AFTER AUGUST 1, 1947) and prior to October 1, 1948)

	COLUMN 1 TOTAL AID PAID UNDER THE OLD AGE SECURITY LAW (TOTAL COL. 3, FORM AG 801)	COLUMN 2 AMOUNT IN EXCESS OF \$45.00 IN FEDERAL CASES (TOTAL COL. 4, FORM AG 801)	COLUMN 3 FEDERAL SHARE	COLUMN 4 STATE SHARE	COLUMN 5 COUNTY SHARE
A) NONFEDERAL CASES TOTAL, COL. 1 STATE SHARE, COL. 4 (6/7 OF TOTAL) COUNTY SHARE, COL. 5 (1/7 OF TOTAL)	\$ AB -0-	AB		\$ -0-	\$ -0-
B) NONFEDERAL-NONCOUNTY CASES TOTAL, COL. 1 STATE SHARE, COL. 4 (SAME AS COL. 1)	\$ 60.00			\$ 60.00	
C) NONCOUNTY CASES TOTAL, COL. 1 EXCESS, COL. 2 FEDERAL SHARE, COL. 3 STATE SHARE, COL. 4 (SEE WORKSHEET BELOW FOR COMPUTATIONS)	\$ -0-	\$ -0-	\$ -0-	\$ -0-	
D) REGULAR CASES TOTAL, COL. 1 EXCESS, COL. 2 FEDERAL SHARE, COL. 3 STATE SHARE, COL. 4 COUNTY SHARE, COL. 5 (SEE WORKSHEET BELOW FOR COMPUTATIONS)	\$ 91.00	\$ 32.00	\$ 32.00	\$ 50.57	\$ 8.43
E) GRAND TOTALS (AMOUNTS TO BE CARRIED FORWARD TO AFFIDAVIT, FORM AG 800, AS NOTED)	\$ 151.00 (TO ITEM 1)	\$ 32.00 (TO ITEM 3)	\$ 32.00 (TO ITEM 6)	\$ 110.57 (TO ITEM 13)	\$ 8.43 (TO ITEM 23)

WORKSHEET FOR COMPUTING FEDERAL, STATE, AND COUNTY SHARES ON NONCOUNTY AND REGULAR CASES

I NONCOUNTY CASES (ITEM C ABOVE)

FEDERAL SHARE

TOTAL NONCOUNTY CASES (ITEM C, COL. 1).....\$

LESS: EXCESS ON NONCOUNTY CASES (ITEM C, COL. 2).....\$

EQUALS: TOTAL BASIS FOR FEDERAL PARTICIPATION.....\$

LESS: 2/3 BASIS FOR FEDERAL PARTICIPATION

(NUMBER) NONCOUNTY CASES ELIGIBLE FOR

(NUMBER) FEDERAL PARTICIPATION X \$15).....\$

BALANCE IS 1/2 BASIS FOR FEDERAL PARTICIPATION.....\$

TOTAL FEDERAL SHARE NONCOUNTY CASES.....\$

FED. SHARE IS 2/3, OR \$

" " " 1/2, OR \$

(ITEM C, COL. 3, ABOVE)

STATE SHARE

TOTAL NONCOUNTY CASES (ITEM C, COL. 1).....\$

LESS: FEDERAL SHARE.....\$

EQUALS: STATE SHARE (ITEM C, COL. 4, ABOVE).....\$

II REGULAR CASES (ITEM D ABOVE)

FEDERAL SHARE

TOTAL REGULAR CASES (ITEM D, COL. 1).....\$91.00

LESS: EXCESS ON REGULAR CASES (ITEM D, COL. 2).....\$32.00

EQUALS: TOTAL BASIS FOR FEDERAL PARTICIPATION.....\$59.00

LESS: 2/3 BASIS FOR FEDERAL PARTICIPATION

(NUMBER) REGULAR CASES ELIGIBLE FOR FEDERAL

(NUMBER) PARTICIPATION X \$15).....\$15.00

BALANCE IS 1/2 BASIS FOR FEDERAL PARTICIPATION.....\$44.00

TOTAL FEDERAL SHARE REGULAR CASES.....\$32.00

FED. SHARE IS 2/3, OR \$ 10.00

" " " 1/2, OR \$ 22.00

(ITEM D, COL. 3, ABOVE)

STATE SHARE

TOTAL REGULAR CASES (ITEM D, COL. 1).....\$91.00

LESS: FEDERAL SHARE.....\$32.00

EQUALS: BASIS FOR STATE AND COUNTY PARTICIPATION.....\$59.00

STATE SHARE IS 6/7, OR \$ 50.57
(ITEM D, COL. 4, ABOVE)COUNTY SHARE IS 1/7, OR \$ 8.43
(ITEM D, COL. 5, ABOVE)

CLAIM FOR FEDERAL AND STATE Aged AID

PAID BY XXX COUNTY

Month of November, 1948

WARRANTS DATED
November 1, 1948

(Indicate Non-County Cases by (*), Non-Federal Cases by (**) and Non-County Non-Federal Cases by (***) in Column 3)

1		2	3	4	5	6	7	8
Name		State Number	Total Aid Paid	Amount in Excess of \$45 <u>50</u> on Federal Cases	Federal Share Non-County Cases (Completion of Columns 5 and 6 Optional)	State Share Non-County and Non-Federal Cases	State Use Only	Warrant Number
Family	Given							
JONES,	Tom	1	60.00	10.00				1111
SMITH,	Dick	2	*65.00	15.00				1112
BROWN,	Harry	3	43.00					1113
WEST,	Bridget	4	*30.00					1114
GREENE,	Hercules	5	65.00	15.00				1115
CONNER,	Brenda	6	**53.00					1116
WILSON,	Cobina	7	52.00	2.00				1117
STEWART,	Adolph	8	42.50					1118
WHITE,	Maggie	9	***65.00					11/12/48 1119
BLACK,	Fritz	10	**35.00					11/12/48 1120
JONES,	Henry	11	43.33					11/12/48 1121
								11/12/48

October 1, 1948

8 TOTAL NUMBER OF PERSONS ON THIS PAGE
ELIGIBLE 3 INELIGIBLE TO FEDERAL

CLAIM FOR FEDERAL AND STATE AGED AID

PAID BY XXX COUNTY

Month of November, 1948

Supplement for Months after 10/1/48

WARRANTS DATED
See Column 8

(Indicate Non-County Cases by (*), Non-Federal Cases by (**) and Non-County Non-Federal Cases by (***) in Column 3)

1	2	3	4	5	6	7	8
Name	State Number	Total Aid Paid	Amount in Excess of <u>\$45.50</u> on Federal Cases	Federal Share Non-County Cases (Completion of Columns 5 and 6 Optional)	State Share Non-County and Non-Federal Cases	State Use Only	Warrant Number
Family	Given						
<u>OCTOBER, 1948</u>							
JONES, Tom	1	17.50	10.00			Increase	1111 11/1/48
WILSON, Cobina	7	11.00	2.00			Increase	1117 11/1/48
STEWART, Adolph	8	42.50					1118 11/12/48
WHITE, Maggie	9	***65.00					1119 11/12/48

October 1, 1948

TOTAL NUMBER OF PERSONS ON THIS PAGE
1 ELIGIBLE 1 INELIGIBLE TO FEDERAL
(Warrants covering increases not to be counted in number of persons)

CLAIM FOR FEDERAL AND STATE _____ AGED _____ AID

PAID BY _____ XXX _____ COUNTY

Month of _____ November _____, 19 48

Supplement for Months Prior to 10/1/48

WARRANTS DATED
See Column 8

(Indicate Non-County Cases by (*), Non-Federal Cases by (**) and Non-County Non-Federal Cases by (***) in Column 3)

1	2	3	4	5	6	7	8
Name	State Number	Total Aid Paid	Amount In Excess of \$45 on Federal Cases	Federal Share Non-County Cases (Completion of Columns 5 and 6 Optional)	State Share Non-County and Non-Federal Cases	State Use Only	Warrant Number
Family Given							
JULY, 1948							
JONES, Tom	1	12.50	10.00			Increase (Appeal Case)	1111 11/1/48
AUGUST, 1948							
JONES, Tom	1	12.50	10.00			Increase (Appeal Case)	1111 11/1/48
SEPTEMBER, 1948							
JONES, Tom	1	12.50	10.00			Increase	1111 11/1/48
WILSON, Cobina	7	11.00	2.00			Increase	1117 11/1/48
STEWART, Adolph	8	42.50					1118 11/12/4
WHITE, Maggie	9	***60.00					1119 11/12/4

TOTAL NUMBER OF PERSONS ON THIS PAGE

1 ELIGIBLE 1 INELIGIBLE TO FEDERAL
(Warrants covering increases not to be counted in number
of persons)

MAIN OFFICE
SACRAMENTO
616 K STREET
(14)

LOS ANGELES OFFICE
WASHINGTON BUILDING
311 SOUTH SPRING STREET
(13)

SAN FRANCISCO OFFICE
GRAYSTONE BUILDING
948 MARKET STREET
(13)

Earl Warren
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES M. WOLLENBERG
DIRECTOR
Sacramento 14
July 29, 1948

SOCIAL WELFARE BOARD

BEN KOENIG, CHAIRMAN
1680 NORTH VINE STREET
LOS ANGELES

MRS. RUBY BACIGALUPI
1870 JACKSON STREET
SAN FRANCISCO

JOHN C. CUNEO
922 J STREET
MODESTO

GERALD C. KEPPLER
135 NORTH BRIGHT AVENUE
WHITTIER

REV. THOMAS H. MARKHAM
409 NATIVE SONS' BUILDING
SACRAMENTO

JOHN T. MARTIN
1170 SEVENTH AVENUE
SAN DIEGO

MRS. JESSIE S. WILLIAMSON
2816 OAK KNOLL TERRACE
BERKELEY

Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

TITLE-22
CHAPTER

IN REPLY PLEASE REFER
TO:


My dear Mr. Jordan:

Attached are three copies of the following regulations
issued by the State Department of Social Welfare:

BOARDING HOME MANUAL LETTER NO. 11

These regulations were adopted by the State Social Welfare Board on July 23, 1948, pursuant to the powers conferred upon it by the Welfare and Institutions Code under Section 103, and are filed in accordance with provisions of Section 11380 of the Government Code.

Very sincerely yours,


CHARLES M. WOLLENBERG, Director
Department of Social Welfare

468:b5
Attachments

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
616 K STREET
SACRAMENTO 14
July 30, 1948

BOARDING HOME MANUAL LETTER NO. 11

The attached revisions number 45 and 46 are to be entered in your copy of the Manual of Boarding Homes for Aged and Children and the revision numbers canceled on the inside of the manual cover.

These revisions were approved by the Social Welfare Board on July 23, 1948, and are effective September 1, 1948.

Sec. VIII-50 has been deleted and the information formerly contained in this section is now incorporated into Sec. VIII-100 revised.

Secs. VIII-600 and VIII-700 are new sections which give instructions for the completion and submission of Form CPA-41, Monthly Statistical Report on Children Under Foster Care and Quarterly Report on Location by County of Children Under Foster Care. These reports are to be prepared by private agencies licensed by the State Department of Social Welfare to place children for care (except agencies which are exclusively adoption agencies) and county welfare departments which have assumed responsibility for foster care placement. The first monthly and quarterly report is to be submitted by October 15, 1948, to cover the month of September and the quarter ending September 30, 1948.

FILED

in the office of the Secretary of State
of the State of California

JUL 29 1948

At 4:30 o'clock P. M.

FRANK M. JORDAN, Secretary of State

By

Robert V. Jordan
Assistant Secretary of State

CHAPTER VIII

STATISTICAL PROCEDURES

VIII-100 SUBMISSION OF STATISTICAL REPORTS BY LICENSING AGENCIES

VIII-100

Accredited licensing agencies shall submit monthly statistical reports to the SDSW on boarding home licensing operations. Form BHC 41, Monthly Statistical Report on Licensing of BHC, and Form BHA 41, Monthly Statistical Report on Licensing of BHA, (see forms at end of Chapter VIII) shall be submitted in triplicate to the SDSW, 616 K Street, Sacramento, not later than the 8th day of the month following the month covered by the reports.

These reports are not to be submitted by accredited inspection agencies, since the monthly statistical reports for these agencies are compiled by the SDSW.

VIII-500 INSTRUCTIONS FOR COMPLETING FORMS BHC 41 AND BHA 41

VIII-500

Column definitions - BHC 41. Four columns are provided. The first three columns are used for separate counts of the three types of boarding homes for children; the fourth column is used to enter the sum of the three preceding columns. Information in Column 4 is mandatory for all items; completion of Columns 1, 2, and 3 is permissive except for Items 5, 10, and 18, which are mandatory. The three types of children's boarding homes are defined as follows:

Column 1. Full-time care. A home giving full-time care is defined as a private family home which accepts for twenty-four hour care one or more children to board, with or without compensation.

Column 2. Day care. A home giving day care is defined as a private family home which accepts only for day care one or more children, with or without compensation.

Column 3. Parent-child care. A home giving parent-child care is defined as a private family home which offers board and room or room alone, to parents with their children, including, as a clearly defined part of the services given, the care and supervision of the children while the parent is away, either at work or elsewhere.

Column 4. Total. Enter the sum of Columns 1, 2, and 3.

Column definitions - BHA 41. Three columns are provided. The first two columns are used for separate counts of the two types of boarding homes for aged; the third column is used to enter the sum of the two preceding columns. Information in Column 3 is mandatory for all.

(Section Continued on Next Page)

VIII-700 (Continued)

VIII-700

- (3) Children under supervision by your agency in their own homes or the homes of close relatives
- (4) Children placed by parents, guardians, relatives, or probation officers.

MONTHLY STATISTICAL REPORT ON CHILDREN UNDER FOSTER CARE

Two columns are provided for reporting the type of foster care which the children placed by your agency are receiving. The two columns are to be mutually exclusive. No consideration will be given to totals of the two columns except for point of time figures, such as total children under foster care on the first or last day of the month. (Items 1 and 5)

Column 1, Foster Family Care, includes children receiving care in a private family home which accepts for 24-hour care, with or without compensation, one to fifteen children (inclusive) under sixteen years of age. However, if the home is so organized or administered that its service is essentially institutional in character, consider it an institution regardless of the number of children for whom care is provided.

Column 2, Institutional Care, includes children receiving care in a home which accepts for 24-hour care sixteen or more children under sixteen years of age or which is so organized or administered that its service is essentially institutional in character regardless of the number of children for whom care is provided.

Item 1. Children under foster care on first day of month. Enter in the appropriate column the number of children receiving foster care on the first day of the month. The entries in this item must be the same as the entries in the corresponding columns of Item 5, Children under foster care on last day of month, of the previous month's report; otherwise an explanation is necessary.

Item 2. Children placed under foster care during month. Enter in the appropriate column the number of children placed under foster care by your agency during the month. A child moved from a foster family home to an institution is to be reported as placed under institutional care, and vice versa. Children placed in a foster family home during the month and subsequently moved to another foster family home during the same month are to be counted only once in this item. Children placed in a foster family home during a previous month (reported in Item 1) and moved to another foster family home in this month are not to be counted in this item. This applies also to children moved from one institution to another.

Item 3. Total children under foster care during month. Enter in each column the sum of the entries in Items 1 and 2 in that column.

(Section Continued on Next Page)

VIII-500 (Continued)

VIII-500

18. Homes holding licenses at end of month. Enter the number of homes holding licenses at the end of the month. This item is found by subtracting Items 15, 16, and 17 from Item 14.

Refer to Appendices XI and XII for suggested statistical file and clerical procedure in compiling statistical reports.

VIII-600 SUBMISSION OF MONTHLY STATISTICAL REPORT ON CHILDREN UNDER FOSTER CARE (PRIVATE CHILD PLACING AGENCIES AND COUNTY WELFARE DEPARTMENTS)

VIII-600

Private agencies licensed by the SDSW to place children for care (except agencies which are exclusively adoption agencies) and county welfare departments which have assumed responsibility for foster care placement shall submit to the SDSW on Form CPA 41:

- (1) monthly reports on the number of children placed and the number of children for whom foster care was terminated, and
- (2) quarterly reports on the location by county of the children under foster care and the number of foster homes and institutions in use.

See Form CPA 41 at the end of Chapter VIII.

Form CPA 41 (both the monthly and quarterly reports) shall be submitted in triplicate to the SDSW, Bureau of Research and Statistics, 616 K Street, Sacramento 14, not later than the 15th day of the month following the month covered by the report.

VIII-700 INSTRUCTIONS FOR COMPLETING FORM CPA 41

VIII-700

Include in these reports only those children placed by your agency in foster family homes or institutions under the licensing jurisdiction of the SDSW, the State Department of Mental Hygiene, and the State Department of Public Health.

Exclude from these reports the following:

- (1) Children in homes of adoptive parents
 - a. In homes of persons who have filed independent petitions for adoption, or
 - b. In homes of persons with whom a relinquished child has been placed for adoption
- (2) Children placed for day care only

(Section Continued on Next Page)

VIII-700 (Continued)

VIII-700

Item 4. Children for whom foster care was terminated during month.

Enter in the appropriate column the number of children for whom foster care was terminated during the month. A child moved from a foster family home to an institution is to be reported as a termination from foster family care, and vice versa. Children placed in a foster family home during this month or in a previous month and moved to another foster home during this month are to be excluded from this item. This applies also to children moved from one institution to another. Foster care for a child is to be considered terminated during the month in which the agency learns that the child is in the home of persons who have filed an independent petition to adopt the child or during the month in which a child relinquished to the agency is placed in the home of adoptive parents.

Item 5. Children under foster care on last day of month. Enter in each column the difference between the entries in Items 3 and 4 in that column.

QUARTERLY REPORT ON LOCATION BY COUNTY OF CHILDREN UNDER FOSTER CARE

Complete this report quarterly for children under foster care on the last day of the following months (reported in Item 5 of the report for the month) March, June, September, and December.

County of Location. Enter in this column the counties in which children placed by your agency are located on the last day of the month.

Column 1. Number of children in foster family homes. Enter opposite the county name the number of children placed by your agency in foster homes located in that county. Enter the total of the entries in this column opposite "Total" at the foot of the column; this figure should be the same as the entry in Item 5, Column 1, of the monthly report.

Column 2. Foster family homes in use. Enter opposite the county name the number of foster family homes in use by your agency in that county. Enter the total of the entries in this column opposite "Total" at the foot of the column.

Column 3. Number of children in institutions. Enter opposite the county name the number of children placed by your agency in institutions located in that county. Enter the total of the entries in this column opposite "Total" at the foot of the column; this figure should be the same as the entry in Item 5, Column 2, of the monthly report.

Column 4. Number of institutions in use. Enter opposite the appropriate county the number of institutions in use by your agency in that county. Enter the total of the entries in this column opposite "Total" at the foot of the column.

MONTHLY STATISTICAL REPORT ON CHILDREN UNDER FOSTER CARE

Agency _____ Report for Month of _____ 19 _____

County _____

Children Under Foster Care	Foster Family Care Column 1	Institutional Care Column 2
1. Children under foster care on first day of month (Item 5 last month)		
2. Children placed under foster care during month		
3. Total children under foster care during month (Item 1 plus Item 2)		
4. Children for whom foster care was terminated during month ...		
5. Children under foster care on last day of month (Item 3 minus Item 4)		
Show breakdown of Item 5 quarterly as outlined in report below ..	XXXXXXXXXXXXX	XXXXXXXXXXXXX

QUARTERLY REPORT
ON

LOCATION BY COUNTY OF CHILDREN UNDER FOSTER CARE
 COMPLETE THIS REPORT FOR CHILDREN UNDER FOSTER CARE ON THE LAST DAY
 OF THE FOLLOWING MONTHS - MARCH, JUNE, SEPTEMBER, AND DECEMBER

Report for Quarter Ending _____ 19 _____

County of Location	Number of Children* In Foster Family Homes Column 1	Foster Family Homes in Use Column 2	Number of Children** In Institutions Column 3	Number of Institutions In Use Column 4
A.				
B.				
C.				
D.				
E.				
F.				
G.				
H.				
Totals				

Signature of Reporting Officer _____ Title _____

Date _____

*Total of this column should equal Item 5, Column 1.

**Total of this column should equal Item 5, Column 2.

MAIN OFFICE
SACRAMENTO
616 K STREET
(14)

LOS ANGELES OFFICE
WASHINGTON BUILDING
311 SOUTH SPRING STREET
(13)

SAN FRANCISCO OFFICE
GRAYSTONE BUILDING
948 MARKET STREET
(3)

Earl Warren
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES M. WOLLENBERG
DIRECTOR
Sacramento 14
July 28, 1948

TITLE 22
CHAPTER 2

FILED

in the office of the Secretary of State
of the State of California

JUL 29 1948

At 4:30 o'clock P. M.

FRANK M. JORDAN, Secretary of State

By

Assistant Secretary of State

SOCIAL WELFARE BOARD

BEN KOENIG, CHAIRMAN
1680 NORTH VINE STREET
LOS ANGELES

MRS. RUBY BACIGALUPI
1870 JACKSON STREET
SAN FRANCISCO

JOHN C. CUNEO
922 J STREET
MODESTO

GERALD C. KEPPLER
135 NORTH BRIGHT AVENUE
WHITTIER

REV. THOMAS H. MARKHAM
409 NATIVE SONS' BUILDING
SACRAMENTO

JOHN T. MARTIN
1170 SEVENTH AVENUE
SAN DIEGO

MRS. JESSIE S. WILLIAMSON
2816 OAK KNOLL TERRACE
BERKELEY

Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

IN REPLY PLEASE REFER
TO:

My dear Mr. Jordan:

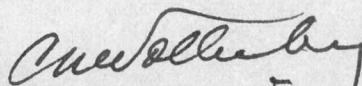
Attached are three copies of the following regulations
issued by the State Department of Social Welfare:

DEPARTMENT BULLETIN NO. 326 (Emergency Regulation)

These regulations were adopted by the State Social Welfare Board on July 23, 1948, pursuant to the powers conferred upon it by the Welfare and Institutions Code under Sections 103, 112, 115, and 116 and are being filed in accordance with Section 11380 of the Government Code.

These regulations were adopted by the State Social Welfare Board to be effective immediately upon filing with the Secretary of State, since this has been found necessary for the immediate preservation of the public peace, health, and safety or general welfare and that notice and public procedure thereon are impracticable, unnecessary or contrary to the public interest.

Very sincerely yours,



CHARLES M. WOLLENBERG, Director
Department of Social Welfare

468:b5
Attachments

Certified as a Regulation (or
Regulations) of the

Dept of Soc. Welfare
(Name of State Agency)

Amblinley
(Signature)

Director
(Title)

7/28/48
(Date)

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

616 K STREET
SACRAMENTO 14
July 26, 1948

DEPARTMENT BULLETIN NO. 326 (Hospitals)

TO: COUNTY BOARDS OF SUPERVISORS
COUNTY HOSPITAL SUPERINTENDENTS
COUNTY AUDITORS
COUNTY WELFARE DEPARTMENTS

Subject: Instructions for Completing Form
Hosp. 41, Annual Statistical
Report on County Hospitals

The attached statistical report form and instructions (Hosp. 41, Annual Statistical Report on County Hospitals) were drafted with the cooperation and advice of a committee of the Association of California Hospitals. The data required are for the purpose of informing the Governor, the Legislature, and other public officers regarding institutions for the care of the indigent sick, in accordance with the responsibilities laid upon the State Department of Social Welfare by the Welfare and Institutions Code (Sections 112 and 123).

A report for the fiscal year ending June 30 shall be submitted on Form Hosp. 41, not later than September 1 of each year to the State Department of Social Welfare, on the services (and expenditures therefor) provided to patients and inmates of each county hospital and/or other county institution for treatment of the indigent sick and infirm. The report shall be submitted by the county official responsible for such records.

Where more than one such institution is operated by a county, and separate accounts and records are maintained, a separate report on Form Hosp. 41 shall be submitted for each institution.

Completed reports are to be sent to the State Department of Social Welfare, 616 K Street, Sacramento (14), to reach that office on or before September 1, 1948.

Very sincerely yours,

Charles M. Wollenberg

CHARLES M. WOLLENBERG, Director
Department of Social Welfare

FILED

in the office of the Secretary of State
of the State of California

Attachment

JUL 29 1948

At 4:30 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By *Frank M. Jordan*
Assistant Secretary of State

INSTRUCTIONS FOR COMPLETING FORM HOSP 1,
ANNUAL STATISTICAL REPORT ON COUNTY HOSPITALS

General: A report for the fiscal year ending June 30 shall be submitted on Form Hosp. 41 not later than September 1 of each year to the State Department of Social Welfare, on the services (and expenditures therefor) provided to patients and inmates of each county hospital and/or other county institution for treatment of the indigent sick and infirm.

Where more than one such institution is operated by a county and separate accounts and records are maintained, a separate report on Form Hosp. 41 shall be submitted for each institution.

Items requested on Form Hosp. 41 fall under two main divisions, Part I - In-Patient Service and Part II - Out-Patient Service. Both parts shall be completed in as full detail as the institution's records permit. An entry shall be made for each item. Where information on a particular item is not available, it should be so indicated by the entry "n.a." If an item is not applicable to a particular institution, it shall be indicated by the entry "n. ap." If an item is usually applicable but no occurrence has been recorded for the year covered by the report, enter "none" or "0".

Part I - In-Patient Service

Section A - Services Available:

Check, in the boxes provided under Item 1, each of the services normally available in your institution.

Section B - Patients Under Care:

Item 2, In Hospital at Beginning of Year: Enter the number of persons housed in the hospital as patients or inmates on the first day of the fiscal year (July 1). This should be the same as the entry under Item 9 of this report (Form Hosp. 41) for the previous year.

Item 3, Admissions During Year: Enter the number of persons admitted to the hospital during the year. A person re-admitted after discharge should be counted again as an admission.

Item 4, Live Births During Year: Enter the number of live births which occurred in the hospital during the year. Exclude still-births.

Item 5, Total Under Care During Year: Enter the sum of entries under Items 2, 3, and 4.

Item 6, Total Discharges and Deaths: Enter the sum of entries under Items 7 and 8.

Item 7, Discharges During Year: Enter the number of persons discharged after admission to in-patient service, or after having been born alive in the hospital.

Item 8, Deaths During Year: Enter the number of persons who died after being admitted to the hospital. Exclude still-births.

1. The first part of the report deals with the general situation of the country and the progress of the work.

2. The second part of the report deals with the results of the work and the progress of the work.

3. The third part of the report deals with the results of the work and the progress of the work.

4. The fourth part of the report deals with the results of the work and the progress of the work.

5. The fifth part of the report deals with the results of the work and the progress of the work.

6. The sixth part of the report deals with the results of the work and the progress of the work.

7. The seventh part of the report deals with the results of the work and the progress of the work.

8. The eighth part of the report deals with the results of the work and the progress of the work.

9. The ninth part of the report deals with the results of the work and the progress of the work.

10. The tenth part of the report deals with the results of the work and the progress of the work.

11. The eleventh part of the report deals with the results of the work and the progress of the work.

12. The twelfth part of the report deals with the results of the work and the progress of the work.

13. The thirteenth part of the report deals with the results of the work and the progress of the work.

14. The fourteenth part of the report deals with the results of the work and the progress of the work.

15. The fifteenth part of the report deals with the results of the work and the progress of the work.

16. The sixteenth part of the report deals with the results of the work and the progress of the work.

17. The seventeenth part of the report deals with the results of the work and the progress of the work.

18. The eighteenth part of the report deals with the results of the work and the progress of the work.

Item 9, In Hospital at End of Year: Enter the number of persons in the hospital as patients or inmates on the last day of the fiscal year (June 30). This entry should equal Item 5 minus Item 6.

Sections C and D provide for reporting of certain information classified by type of hospital service. It is assumed that some county hospitals will find it possible to report these data in more detail than others. Entries should be as detailed as the institution's records and accounts permit. Some hospitals may be unable to report the items requested opposite each specific service (e.g., surgical, medical, maternity, etc.) but will be able to report these items for a group of services (e.g., acute).

Definition of services:

b(1), Surgical: Service designed to relieve injuries, deformities, or diseases through operative procedure. Include elective as well as emergency surgery.

b(2), Medical: Service designed to treat or heal pathological conditions by administration of medical treatment, as distinguished from treatment by surgery.

b(3), Maternity: Service to mothers preceding, during, and after parturition, and to newborn infants receiving nursery care.

b(4), Isolation: Separate service designed to isolate contagious and communicable diseases.

b(5), Psychopathic: Service to cases admitted to diagnostic, detention, observation, or treatment of mental illness.

c(1), Chronic Sick: Service to long term cases requiring an extended period of hospital or institutional care, where time of complete recover is not readily predictable or may never be complete.

c(2), Custodial (and Aged): Service to aged, homeless, and incompetent persons receiving domiciliary care in the institution.

d, T.B.: Service designed to treat those suffering from tuberculosis, including the acute, the non-infectious, and the infectious terminal type.

Section C - Beds and Patient Days:

Item 10, Beds Available on June 30: Enter opposite each type of service item, the number of beds and bassinets available for use by patients on the last day of the fiscal year (June 30). Do not include in these entries:

1. Beds in the labor and emergency rooms.
2. Beds located in the nurses' home which are occasionally used for sick nurses.
3. Beds used for domiciliary purposes by the medical staff, nurses, other employees, or visitors.

Item 11, Patient Days of Care During Year: Enter opposite each type of service item the number of days care provided during the year to patients and newborn infants reported in Item 5, above.

Section D - Operating Costs.

Item 12, Total Operating Costs: Enter opposite each type of service item the operating costs incurred during the year which are allocable to that service. Operating costs include salaries and wages, and maintenance and operation, but exclude capital outlay.

In some cases, the entry for Item 12a may exceed the sum of the individual service entries under Item 12 because of unallocable costs. Where this occurs, specify the nature and amount of such costs.

Item 13, Operating Costs Per Patient Day: Enter opposite each type of service item the average cost per patient day for such service. These entries are computed by dividing the entries under Item 12 by the corresponding entries under Item 11.

Section E - Expenditures: Report in this section expenditures related to in-patient services; those related to out-patient services should be reported in Part II.

Item 14, Total Expenditures: Enter the sum of Items 15, 16, and 17.

Item 15, Hospital Operating Costs: Enter the total amount expended for hospital operating costs for in-patient services during the year. This entry should be the same as the entry under Item 12a above.

Item 16, Capital Outlay: Enter the total amount expended for capital outlay during the fiscal year. Treat as capital outlay those expenditures so considered in the county budget.

Item 17, Other: Enter the total amount of any expenditures during the year not covered under Items 15 and 16. Specify the nature of these expenditures.

Section F - Revenues: Report in this section revenues related to in-patient services; those related to out-patient services should be reported in Part II.

Item 18, Total Revenues Exclusive of Funds From Local Taxation: Enter the sum of Items 19, 20, and 21.

Item 19, Cash Collections: Enter the total amount received from, or on behalf of, patients for in-patient service. Include here amounts paid by other counties for care of their residents in your institution.

Item 20, Total Subventions: Enter the sum of entries for Items 20a, b, and c. Under these items show sources and amounts of subventions (e.g., State T.B. subsidy) received from the state or Federal Government for in-patient services.

Item 21, Other: Enter the amount of any revenues (exclusive of funds from local taxation) for in-patient services not covered by Items 19 and 20. Specify the nature and amount of these revenues. Include here only such portions of bequests or grants (or income therefrom) as were expended during the fiscal year covered by the report.

Part II - Out-Patient Service

Section A - Clinic Visits:

Item 22, Total Number of Clinic Visits During the Year: Enter the total number of visits to clinics by patients during the fiscal year. The following instances should not be counted as visits for this item:

1. The first part of the report is a general statement of the purpose and scope of the study. It is followed by a brief review of the literature on the subject.

2. The second part of the report is a description of the methods used in the study.

3. The third part of the report is a presentation of the results of the study.

4. The fourth part of the report is a discussion of the results.

5. The fifth part of the report is a conclusion. It summarizes the main findings of the study and discusses their implications.

6. The sixth part of the report is a list of references.

7. The seventh part of the report is an appendix. It contains supplementary material that is too large to include in the main text.

8. The eighth part of the report is a glossary.

9. The ninth part of the report is a list of figures and tables.

10. The tenth part of the report is a list of footnotes.

11. The eleventh part of the report is a list of appendices.

12. The twelfth part of the report is a list of references.

13. The thirteenth part of the report is an appendix.

14. The fourteenth part of the report is a glossary.

15. The fifteenth part of the report is a list of figures and tables.

16. The sixteenth part of the report is a list of footnotes.

17. The seventeenth part of the report is a list of appendices.

18. The eighteenth part of the report is a list of references.

19. The nineteenth part of the report is an appendix.

20. The twentieth part of the report is a glossary.

21. The twenty-first part of the report is a list of figures and tables.

22. The twenty-second part of the report is a list of footnotes.

23. The twenty-third part of the report is a list of appendices.

24. The twenty-fourth part of the report is a list of references.

25. The twenty-fifth part of the report is an appendix.

26. The twenty-sixth part of the report is a glossary.

27. The twenty-seventh part of the report is a list of figures and tables.

28. The twenty-eighth part of the report is a list of footnotes.

29. The twenty-ninth part of the report is a list of appendices.

30. The thirtieth part of the report is a list of references.

31. The thirty-first part of the report is an appendix.

32. The thirty-second part of the report is a glossary.

33. The thirty-third part of the report is a list of figures and tables.

34. The thirty-fourth part of the report is a list of footnotes.

35. The thirty-fifth part of the report is a list of appendices.

36. The thirty-sixth part of the report is a list of references.

- a. Attendance at clinic when no treatment or other personal professional service was provided.
- b. Interviews with a worker responsible for admissions, the purpose of the interview being merely to determine eligibility for admission to the clinic.

Section B - Expenditures:

Item 23, Total Expenditures for Clinic Services: Enter the sum of Items 24, 25, and 26.

Item 24, Clinic Operating Costs: Enter the total amount expended for clinic operating costs during the year.

Item 25, Capital Outlay: Enter the total amount expended for capital outlay during the year. Treat as capital outlay those expenditures so considered in the county budget.

Item 26, Other: Enter the total amount of any expenditures during the year not covered under Items 24 and 25. Specify the nature of these expenditures.

Section C - Revenues:

Item 27, Total Revenues Exclusive of Funds from Local Taxation: Enter the sum of Items 28, 29, and 30.

Item 28, Cash Collections: Enter the total amount received from, or on behalf of, patients for out-patient service. Include here amounts paid by other counties for care of their residents in your clinic.

Item 29, Total Subventions: Enter the sum of entries for Items 29a, b, and c. Under these items show sources and amounts of subventions received from the state or Federal Government for out-patient services.

Item 30, Other: Enter the amount of any revenues (exclusive of funds from local taxation) for out-patient services not covered by Items 28 and 29. Specify the nature and amount of these revenues. Include here only such portions of bequests or grants (or income therefrom) as were expended during the fiscal year covered by the report.

County _____ Hospital _____ Year Ending June 30, 19 _____

PART I - IN-PATIENT SERVICEA. SERVICES AVAILABLE1. Check each Service Availablea. Acute(1) ☐ Surgical (3) ☐ Maternity(2) ☐ Medical (4) ☐ Isolation(5) ☐ Psychopathicb. Chronic & Custodial(1) ☐ Chronic Sick(2) ☐ Custodial (& Aged)c. T.B.B. PATIENTS UNDER CARE

2. In Hospital at Beginning of Year..... _____
3. Admissions During Year..... _____
4. Live Births During Year..... _____
5. Total Under Care During Year (2 + 3 + 4)..... _____
6. Total Discharged and Deaths During Year (7 + 8)..... _____
7. Discharges During Year..... _____
8. Deaths During Year (Exclude still births)..... _____
9. In Hospital at End of Year (5 minus 6)..... _____

C. BEDS AND PATIENT DAYSD. OPERATING COSTS

TYPE OF SERVICE	10. Beds Available on June 30	11. Patient Days of Care During Year	12. Total Operating Costs	13. Operating Costs Per Patient Day (12 divided by 11)
a. All Services - Total (b + c + d)				
b. Acute - Total.....				
(1) Surgical.....				
(2) Medical.....				
(3) Maternity.....				
(4) Isolation.....				
(5) Psychopathic.....				
c. Chronic & Custodial - Total.....				
(1) Chronic Sick.....				
(2) Custodial (& Aged).....				
d. T. B.				

E. EXPENDITURES

14. Total Expenditures (15 + 16 + 17)..... _____
15. Hospital Operating Costs (Same as 12a above)..... _____
16. Capital Outlay..... _____
17. Other (Specify)..... _____

F. REVENUES

18. Total Revenues Exclusive of Funds from Local Taxation (19 + 20 + 21)..... _____
19. Cash Collections..... _____
20. Total Subventions (Show source; a + b + c)..... _____
- a.
- b.
- c.
21. Other (Specify)..... _____

31. [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

32. [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

33. [illegible]

[illegible]

(1) [illegible]

(2) [illegible]

[illegible]

(3) [illegible]

(4) [illegible]

(5) [illegible]

(6) [illegible]

(7) [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

34. [illegible]

(1) [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

35. [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

ANNUAL STATISTICAL REPORT ON COUNTY HOSPITALS - Page 2

County _____ Hospital _____ Year Ending June 30, 19 _____

PART II - OUT-PATIENT SERVICEA. CLINIC VISITS

22. Total Number of Clinic Visits During Year..... _____

B. EXPENDITURES

23. Total Expenditures for Clinic Services (24 + 25 + 26)..... _____

24. Clinic Operating Costs..... _____

25. Capital Outlay..... _____

26. Other (Specify)..... _____

C. REVENUES

27. Total Revenues for Clinic Services Exclusive of Funds From Local Taxation (28+29+30)..... _____

28. Cash Collections..... _____

29. Total Subventions (Show source; A + B + C)..... _____

a. _____

b. _____

c. _____

30. Other (Specify)..... _____

Report Submitted By _____ Superintendent

Date _____

MAIN OFFICE
SACRAMENTO
616 K STREET
(14)

LOS ANGELES OFFICE
WASHINGTON BUILDING
311 SOUTH SPRING STREET
(13)

SAN FRANCISCO OFFICE
GRAYSTONE BUILDING
948 MARKET STREET
(13)

Earl Warren
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES M. WOLLENBERG
DIRECTOR
Sacramento 14
July 29, 1948

TITLE 22
CHAPTER 2

SOCIAL WELFARE BOARD

BEN KOENIG, CHAIRMAN
1680 NORTH VINE STREET
LOS ANGELES

MRS. RUBY BACIGALUPI
1870 JACKSON STREET
SAN FRANCISCO

JOHN C. CUNEO
922 J STREET
MODESTO

GERALD C. KEPPLER
135 NORTH BRIGHT AVENUE
WHITTIER

REV. THOMAS H. MARKHAM
409 NATIVE SONS' BUILDING
SACRAMENTO

JOHN T. MARTIN
1170 SEVENTH AVENUE
SAN DIEGO

MRS. JESSIE S. WILLIAMSON
2816 OAK KNOLL TERRACE
BERKELEY

Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

FILED

in the office of the Secretary of State
of the State of California

IN REPLY PLEASE REFER
TO:

JUL 29 1948

At 4:30 o'clock P. M.

FRANK M. JORDAN, Secretary of State

By *Robert V. Jordan*
Assistant Secretary of State

My dear Mr. Jordan:

Attached are three copies of the following regulations
issued by the State Department of Social Welfare:

ADOPTION MANUAL LETTER NO. 10

These regulations were adopted by the State Social Welfare Board on July 23, 1948, pursuant to the powers conferred upon it by the Welfare and Institutions Code under Sections 103 and are being filed in accordance with Section 11380 of the Government Code.

These regulations were adopted by the State Social Welfare Board to be effective immediately upon filing with the Secretary of State, since this has been found necessary for the immediate preservation of the public peace, health, and safety or general welfare and that notice and public procedure thereon are impracticable, unnecessary or contrary to the public interest.

Very sincerely yours,

Charles M. Wollenberg
CHARLES M. WOLLENBERG, Director
Department of Social Welfare

468:b5
Attachments

Certified as a Regulation (or
Regulations) of the

Dept of Social Welfare
(Name of State Agency)

Chas. M. Murphy
(Signature)

Director
(Title)

7/29/48
(Date)

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

616 K STREET
SACRAMENTO 14
July 30, 1948

ADOPTION MANUAL LETTER NO. 10

The attached revisions numbered 50 through 55 are to be entered in your copy of the Adoption Manual and revision numbers canceled in the place provided on the inside of the manual cover.

These revisions were approved by the Social Welfare Board on July 23, 1948, and are effective August 1, 1948.

Sec. 2205-00 as revised provides that in relinquishment adoptions when a child born out of wedlock is legitimated by the subsequent marriage of the natural parents, the father's relinquishment is necessary if the marriage occurs before the mother's relinquishment is filed with the State Department of Social Welfare.

Sec. 2370-00 has been revised to specify the officer of a state prison in California to whom requests for information regarding a parent shall be addressed. If the parent is in a federal prison or in a state prison in another state, the question of restoration of civil rights for the purpose of obtaining a consent need not be raised since the restoration of civil rights is not necessary for execution of a valid consent in federal prisons and may not be required in prisons in other states.

Sec. 2460-00 has been revised to permit an agency to notify applicants either in writing or verbally of its approval of their home or that the home does not meet its requirements. No application shall be approved by a county adoption agency or other agency licensed to make adoptive placements in a specified county if the applicants are not residents of the county.

FILED

in the office of the Secretary of State
of the State of California

JUL 29 1948

At 4:30 o'clock P.M.

FRANK M. JORDAN, Secretary of State

By *Robert M. Jordan*
Assistant Secretary of State

Consent of Parents to Adoption

The following provisions refer to the fact of consent, and apply both to the consent used in independent or stepparent and to the relinquishment used in agency adoptions.

- A. A legitimate child can not be adopted without the consent of its parents if living.
- B. An illegitimate child can not be adopted without the consent of his or her mother if living. (Sec. 200, 224, Civil Code)
 1. A child born to a married woman is presumed to be legitimate, but there may be judicial determination that the mother is entitled to sole custody. (Secs. 193, 195, 231, Civil Code) See Sec. 2290-00, Sole Custody, Consent or Relinquishment.
 2. The consent of the father of a child born out of wedlock is necessary if the father has adopted it as provided for in Sec. 230, Civil Code.
 3. When a child born out of wedlock is legitimated by the subsequent marriage of the natural parents, as provided in Sec. 215 of the Civil Code, the consent or relinquishment by the father will be necessary under the following circumstances:
 - a. When the placement has been made independently, the father's consent will be necessary if the parents marry prior to the granting of the order of adoption by the court.
 - b. When the placement has been made by a licensed adoption agency, the father's relinquishment will be necessary if the marriage occurs before the mother's relinquishment is filed with the SDSW.

(Section Continued on Next Page)

2200-00 CONSENT DISTINGUISHED FROM RELINQUISHMENT

2200-00

A. Consent:

A consent to adoption, which is an essential part of each independent or stepparent adoption, is a statement in writing signed by the natural parent that he gives his full and free consent to the adoption of his child by specified petitioners whose names appear on the consent form which he signs. The signing of consent does not terminate his rights to, nor responsibility for, the child, nor does it transfer custody of the child to the petitioners.

B. Relinquishment:

The relinquishment, which is an essential part of each agency adoption is a statement in writing signed by the natural parent that he relinquishes the child to a specified licensed adoption agency for placement for adoption. The agency, in accepting relinquishment, assumes full responsibility for the child, selects the adoptive home, places the child, and joins in the petition for adoption. When the relinquishment is accepted by the agency and filed with the State Department of Social Welfare, the parents' rights to, and responsibility for, the child are terminated. The natural parents need not know the names of the adoptive parents, and do not consent to the adoption.

2210-00 ACTIONS IN LIEU OF CONSENT OR RELINQUISHMENT BY PARENTS

CO-10-12
2210-00

- A. If the custody of any legitimate child has by any judicial decree, been given to the mother, and the father for a period of one year shall wilfully fail to pay for the care, support, and education of such child when able to do so, then the mother alone may consent to such adoption, but only after the father has been personally served with a copy of a citation requiring him to appear at the time and place set for the appearance in court under Sec. 227 of Civil Code; if the father can not be located for personal service, the same may be made by publication as provided for the publication of summons in Sec. 413 of the Code of Civil Procedure. (Sec. 224, Civil Code)
- B. When such father or mother has been judicially deprived of the custody and control of such child by order of the Juvenile Court, declaring such child to be free from the custody and control of either or both of his parents as provided in Secs. 701, 720, 775 - 786, Welfare and Institutions Code. (Sec. 224-1, Civil Code)
- C. Where such father or mother of any child has deserted the child without provision for its identification, (Sec. 224-2, Civil Code)
- D. Where such father or mother of any child has relinquished said child for adoption as provided in Sec. 224m of Civil Code. (Sec. 224-3, Civil Code)
- E. Where such father or mother, whose consent is otherwise required, has been declared by a court of competent jurisdiction of this or any other state to be feeble-minded or insane, if the State Director of Institutions or the superintendent of the state hospital of which, if any, such father or mother, is an inmate or patient, certify that such father or mother, will not be capable of supporting or controlling the child in a proper manner. (Sec. 224-4, Civil Code; see Form Adop M50, Certificate by Supt. State Hospital in Lieu of Consent.)

(Section Continued on Next Page)

2205-00 (Continued)

2205-00

C. An Adopted Child. In the event that an adopted child again becomes the subject for adoption, the consent of the adoptive parents is necessary to the new adoption but the consent of the child's natural parents is not necessary in such cases.

D. Consent or Relinquishment by a Parent Who is a Minor.

1. A parent who is a minor shall have the right to sign a consent for the adoption of his or her child, and such consent shall not be subject to revocation upon such parent's reaching his or her majority. (See Sec. 226, Paragraph 9, Civil Code)
2. The consent of the parents of such parent who is a minor is not necessary to the adoption.

E. Consent of Parent in Prison.

(See Sec. 2370-00 for instructions regarding interviewing and taking consent.)

2370-00 (Continued)

2370-00

district office in which the prison is located, as soon as the necessary information is received from the warden the agent to whom the case is assigned shall send a regular inter-office request, with full information to the district which renders the service.

If the warden or superintendent reports that the parent is unwilling to sign the consent, the agent to whom the case is assigned shall send him a form for refusal to consent, with the request that he have the parent execute it. This can be signed without the restoration of the parent's civil rights, as it is not a contract and does not involve any change in his status.

It is important that the agent make her contact with the warden or superintendent immediately in any case where a parent is in a state prison. If the matter is not cleared within a reasonable length of time (six weeks) after the request is made, follow up should be made by the agent.

If the parent is in a federal prison in California or in a state or federal prison in another state, the agent shall arrange to have him interviewed and his consent obtained according to instructions shown in Sec. 2710-00, Requests for Service on Independent Adoptions. The restoration of civil rights is not required in federal prisons and may not be required in other states.

If the parent is committed to a state hospital, the agent shall follow the procedure outlined in Sec. 2210-00.

If the parents are outside the state, the necessary information should be obtained if possible by requesting a social agency in the other state to interview them; otherwise, it may be obtained directly from the parents through correspondence.

If the parents of the child are a married couple, the same type of information should be obtained for each, according to the outline for interview. If the husband is not the father of the child, no background information regarding him is necessary, but full information should be obtained from the mother regarding the background of the natural father. Information should also be obtained from her regarding her husband's knowledge of the birth of the child and his attitude toward the adoption. If the mother is willing to have him interviewed, the placement and adoption shall be discussed with him.

In all cases in which the child is born out of wedlock, or is not the child of the mother's husband, the natural father shall be interviewed if the mother will permit and if he is available. If this is not possible, the mother shall be asked to give whatever information she can regarding the natural father, whether he acknowledged paternity, and whether he may have adopted the child under Section 230 of the Civil Code.

(Section Continued on Next Page)

2360-00 (Continued)

2360-00

such as verification of vital statistics if they were reviewed in the home, or explanation of conflicting information appearing in the questionnaire, verifications, or interviews.

- (1) Agent's Evaluation of Suitability of Home, considering all significant factors, especially the opportunity which the home offers for the best development of the particular child, in relation to the time the child has been in the home;

There should be flexibility in the use of the outline. When the petitioners are interviewed separately the headings as listed are satisfactory. When they are interviewed together it may be more logical to list each petitioner's statement under the same topic, rather than covering the topic separately under the name of each petitioner. In some instances all the information may be obtained in one interview, but in other instances several interviews may be necessary to obtain all the information.

2370-00 THE NATURAL PARENTS

2370-00

A. Interviews with Parents

If the parents (or parent) are in the state, they shall be interviewed personally. If they reside in the district in which the petition is pending, the interviews shall be arranged by the agent handling the case. If they reside in another district, the agent shall request the district office or county adoption agency where the parents reside to interview them. (See Sec. 2710-00, Requests for Service on Independent Adoptions.)

If the parent is in a state prison in California the agent to whom the case is assigned shall write to the warden or superintendent (to the warden at Folsom, San Quentin, or Soledad, and to the superintendent at Chino, Lancaster, and Tehachapi) at the prison requesting:

1. A summary of any history and tests;
2. That the parent be informed of the pending adoption;
3. That he be interviewed regarding his attitude toward the adoption;
4. That the agency be notified of his willingness or unwillingness to consent;
5. If the parent is willing to consent, that he have the parent make the necessary request to the warden or superintendent to have his civil rights restored for the purpose of executing the consent, and that the warden notify the agency when an agent may interview the parent and take his consent.

As the interview with the parent will necessarily be made by the

(Section Continued on Next Page)

C. Applications Which Cannot Be Approved

There will be many intangible factors which will influence the decision of the agency but there are certain conditions which will preclude approval of an application.

No application shall be approved:

1. If the woman applicant is more than 40 years of age and the man applicant more than 45, for the placement of an infant. (Applications from older persons may be approved for the placement of older children in accordance with their age;)
2. If the applicant is single, whether unmarried, widowed, or divorced;
3. If any person in the home is suffering from a chronic illness, instability, or injury which would have an adverse effect upon the adopted child or limit the ability of the parents to care for the child or as a result of which one of the applicants does not have normal life expectancy;
4. If the family income, financial resources, and past and present employment are such as to indicate inability to provide adequate standards of health and education and opportunities for normal development;
5. If the placement of a particular child has been so promised that the agency is not free to make a different placement;
6. If the applicants are not citizens of the United States;
7. If the applicants are not residents of the state;
8. By a county adoption agency or other agency licensed to place in a specified county if the applicants are not residents of the county.

2470-00 SELECTION OF HOME AND PLACEMENT FOR ADOPTION

2470-00

A. Selection of home shall be based on the following factors:

The study of the individual child and his needs in order that the agency may select the home which will offer the best potentialities for his full development.

(Section Continued on Next Page)

2450-00 (Continued)

2450-00

For all applicants it is desirable to have as one reference the minister or pastor of the church attended by the applicants. For applicants who are members of the Catholic Church the agency shall obtain a statement from their parish priest or the local Catholic Welfare Bureau regarding the catholicity of the applicants.

11. Citizenship

If foreign born, when and where citizenship was acquired. (See Sec. 2690-00)

12. Applicants' Children

The applicants' children, if any, their development and care, education, occupation, health, etc.; if adopted, verification of adoption. If either applicant has had children by a former marriage, the whereabouts of the child, custody, responsibility for support, attitude toward child, etc.

13. Finances

Financial situation including earnings, income, real property, savings--if none, the reason, debts, obligations, insurance, previous financial status. (See Sec. 2650-00)

2460-00 APPLICATIONS, ACTION ON

2460-00

A. Evaluations

There shall be an evaluation of the suitability of the home, considering all significant factors, especially the opportunity which the home offers for the best development of a child. If the application is approved, consideration shall be given to the type of child who should be placed in the home. Evaluation may result in rejection of the application.

B. Notice of Action

The agency shall notify the applicants of its approval of their home or that the home does not meet its requirements and cannot be approved. When a home cannot be approved, the agency will ordinarily find it preferable to inform the applicants in a personal interview in order to interpret its action and to give the applicants an opportunity to work through their feelings with the agency.

(Section Continued on Next Page)

MAIN OFFICE
SACRAMENTO
616 K STREET
(14)

LOS ANGELES OFFICE
WASHINGTON BUILDING
311 SOUTH SPRING STREET
(13)

SAN FRANCISCO OFFICE
GRAYSTONE BUILDING
948 MARKET STREET
(3)

Earl Warren
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES M. WOLLENBERG
DIRECTOR

Sacramento 14
July 28, 1948

File 122
Chapman

FILED

in the office of the Secretary of State
of the State of California

JUL 29 1948

At 4:30 o'clock P. M.

FRANK M. JORDAN, Secretary of State

By

Robert V. Jordan
Assistant Secretary of State

My dear Mr. Jordan:

Attached are three copies of the following regulations
issued by the State Department of Social Welfare:

MANUAL LETTER NO. 122

These regulations were adopted by the State Social
Welfare Board on July 23, 1948, pursuant to the powers conferred
upon it by the Welfare and Institutions Code under Section 103,
103.5, 103.6, and 114b, and are filed in accordance with
provisions of Section 11380 of the Government Code.

Regulations contained in Secs. 564-22, 564-25, 564-28,
564-30, 564-40, 564-45, 564-50, and 564-80 were adopted to be
effective immediately upon filing with the Secretary of State,
since this has been found necessary for the immediate
preservation of the public peace, health and safety or general
welfare and that notice and public procedure thereon are
impracticable, unnecessary or contrary to the public interest.

Very sincerely yours,

Charles M. Wollenberg
CHARLES M. WOLLENBERG, Director
Department of Social Welfare

SOCIAL WELFARE BOARD

BEN KOENIG, CHAIRMAN
1680 NORTH VINE STREET
LOS ANGELES

MRS. RUBY BACIGALUPI
1870 JACKSON STREET
SAN FRANCISCO

JOHN C. CUNEO
922 J STREET
MODESTO

GERALD C. KEPPLER
135 NORTH BRIGHT AVENUE
WHITTIER

REV. THOMAS H. MARKHAM
409 NATIVE SONS' BUILDING
SACRAMENTO

JOHN T. MARTIN
1170 SEVENTH AVENUE
SAN DIEGO

MRS. JESSIE S. WILLIAMSON
2816 OAK KNOLL TERRACE
BERKELEY

IN REPLY PLEASE REFER
TO:

468:b5
Attachments

Certified as a Regulation (or
Regulations) of the

Dept of Soc. Welfare
(Name of State Agency)

Wm. A. H. H. H. H.
(Signature)

Director
(Title)

7/28/48
(Date)

FILED

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

in the office of the Secretary of State
of the State of California

616 K STREET
SACRAMENTO 14
July 30, 1948

JUL 29 1948

At 4:30 o'clock P. M.

FRANK M. JORDAN, Secretary of State

By *Robert V. Jordan*
Assistant Secretary of State

1299
MANUAL LETTER NO. 122

The attached revisions are to be entered in your Manual of Public Assistance Policies and Procedures and the revision numbers canceled on the separators of the revised chapters. The revision numbers are as follows:

Purpose and General Provisions	Revisions 48 and 49
Personal Property	Revision 84
Amount of Grant	Revisions 106 through 116
Applications	Revisions 57 and 58
Investigation and Decision	Revisions 186 through 193
Statistical Procedures	Revisions 67 through 76

The following new material is being issued:

Welfare Personnel Standards
State Case Number Chapter
State Case Number Chapter Separator

These revisions and new material were adopted by the Social Welfare Board on July 23, 1948, and are effective as follows:

August 1, 1948		September 1, 1948	
564-22	564-40	080-00	102-79 202-20
564-25	564-45	080-04	143-89 237-10
564-28	564-50	080-06	155-25 237-50
564-30	564-80	080-08	155-50 700-00
		080-10	156-25 700-05
		080-12	156-30
		080-14	
		080-16	
		080-18	

New Secs. 080-00 through 080-18 provide for the granting of educational leaves with pay to county employees.

New Sec. 102-79 covers existing policy already given in Sec. 236-35 and defines in detail the meaning of accounting records and accounting documents. Sec. 236-35 is not being deleted at this time.

Sec. 143-89 has been revised to clarify the existing policy that only the cash surrender value of non-exempt insurance rather than all insurance policies may need to be verified.

Secs. 155-25, 155-50, 156-25, and 156-30 as revised specify when the liquidation of debts may or may not represent current need.

A new chapter, State Case Numbers, containing new Secs. 700-00 and 700-05 and a chapter separator are being issued. These sections make state case numbering for OAS, ANB, and APSB, which was permissive under Circular Letter No. 334 issued June 17, 1946, mandatory. The State Department of Social Welfare will communicate with those counties not already assigning their case numbers regarding the initial assignment of numbers. Secs. 202-20, 237-10, and 237-50 have been revised to require that the state case numbers be entered on application forms and on Certificates of Verification of Eligibility.

Sec. 237-50 has also been revised to bring the instructions for completion of Form Bl 201, Certificate of Verification of Eligibility, into conformity with the revision of the form dated August 1947.

Secs. 564-22, 564-25, 564-28, 564-30, 564-40, 564-45, and 564-50 are new and revised sections giving instructions for the completion of the revised Form GR 237, Monthly Statistical Report on General Relief. The sample of Form GR 237 in Sec. 569-99 is obsolete. A sample of the revised form will be released in manual form as soon as possible.

Sec. 564-80 is a new section which requires a semi-annual report on Characteristics of Sample of General Relief Caseload.

The War Services Handbook issued November 1, 1942, is now obsolete, since the War Services Programs have been discontinued.

The following department bulletins are obsolete:

<u>Number</u>	<u>Program</u>	<u>Date Issued</u>
314	3 aids	12-23-47
286	OAS	9-23-46
311	ANB and APSB	8-20-47
312	ANC	9-4-47
307	OAS	7-16-47
237	OAS, ANB, and APSB	5-5-44
298	GR	2-5-47
279	Personnel	6-28-46
242	Selective Service	11-2-44
242 Suppl.	Selective Service	6-5-45
278	" "	6-13-46
278A	" "	7-11-46
293	" "	10-9-46
316	War Services	1-30-48
313	" "	10-3-47
309	" "	8-11-47
308	" "	7-22-47
305	" "	7-10-47
303	" "	6-17-47
300	" "	3-25-47
296	" "	12-30-46
294A	" "	12-3-46
294	" "	10-16-46
290A	" "	3-25-47
290	" "	10-8-46
289A	" "	11-21-46
289	" "	10-7-46
287	" "	9-27-46
285	" "	12-12-46
283	" "	8-13-46
277	" "	5-28-46
275	" "	4-9-46
268	" "	10-15-45
265	" "	7-18-45
258	" "	7-2-45
251	" "	4-25-45
248	" "	4-4-45

080-06 EDUCATIONAL LEAVE - CHOICE OF EDUCATIONAL INSTITUTIONS
WPS**080-06**

Payments may be made only to employees who are attending educational institutions which meet the standards of accrediting associations in professional fields of study or of the accrediting association for general education where there is no professional association established in the particular field. If neither of these provisions are applicable in a particular situation, and there is reason for an employee to attend a technical school for which there is no accrediting agency, the Educational Leave Committee shall decide whether the plan is sound.

Social work training must be received at schools approved by the American Association of Schools of Social Work. Employees may choose any school which meets these standards. (W&IC 119.5, 119.6, FSS-Admin.)

080-08 EDUCATIONAL LEAVE COMMITTEE
WPS**080-08**

An Educational Leave Committee shall be appointed by the Director of the SDSW to develop policies on educational leave, make decisions on applications, and determine amounts of payments and periods of study. (W&IC 119.5, 119.6, FSS-Admin.)

080-10 EDUCATIONAL LEAVE - PERIOD OF STUDY
WPS**080-10**

Decision regarding the period of study should be based upon the time necessary to develop additional skill and acquire the specialized knowledge for performance of the duties of the position of the employee. For social work employees with no previous professional education, one academic year is necessary to cover the basic curriculum in professional schools; completion of graduate professional courses in social work requires two academic years. An application may not be approved for more than one academic year of study, but the committee may approve an application for extension. (W&IC 119.5, 119.6, FSS-Admin.)

080-12 EDUCATIONAL LEAVE - AMOUNT OF PAYMENT
WPS**080-12**

The cost of educational leave granted under the provisions of this section is a proper administrative expense subject to federal participation.

The amount of payment to employees on educational leave shall be related to the cost of education rather than to the salary or personal financial resources of the employee. Cost of education includes:

- a. Tuition and incidental school expenses including special fees and books.
- b. Maintenance in the community in which the educational institution is located.
- c. Travel and per diem en route to and from the educational institution attended. (W&IC 119.5, 119.6, FSS-Admin.)

080-00 EDUCATIONAL LEAVE - DEFINITION AND PURPOSE
WPS**080-00**

Educational leave is leave granted to improve agency services through developing more competent personnel for the proper and efficient administration of public assistance.

Payments to employees on educational leave are sums of money paid directly to the employee either as salary, allowance, or stipend, or as a combination of these, for the purpose of financing all or any part of the cost of the employee's education.

Educational leave is leave for the purpose of obtaining professional or technical education related to the activities essential to the administration of public assistance. Activities considered to be essential to the efficient administration of public assistance are:

- a. Supervising the operation of the public assistance programs
- b. Developing, evaluating, and modifying standards of operation
- c. Maintaining social financial, and statistical records
- d. Preparing and presenting information to official bodies and the public
- e. Determining the original and continued eligibility of individuals for financial assistance and ascertaining the amount of assistance to be granted
- f. Providing services to applicants and recipients of public assistance that concern the welfare of the individual and assisting him in realizing the maximum benefit from the money payment in relation to personal, family, and community resources. (W&IC 119.5, 119.6, FSS-Admin.)

080-04 EDUCATIONAL LEAVE - COUNTY EMPLOYEES ELIGIBLE
WPS**080-04**

Educational leave with or without pay may be granted to county employees having permanent status (or to probationary employees who immediately preceding appointment to present positions held permanent status in another class) for definite periods of specialized professional or technical study in specified accredited educational institutions. During this period, the employee is relieved of responsibility for performance of current agency work but retains his status as an employee. (See Sec. 077-02, Granting Leaves of Absence) (W&IC 119.5, 119.6, FSS-Admin.)

080-18 EDUCATIONAL LEAVE - PROCEDURE
WPS**080-18**

The county welfare director shall present the application to the SDSW in the prescribed form. Included as part of the application shall be (1) a statement explaining how it is anticipated that agency services will be improved by the particular educational leave plan, and (2) evidence that the employee has been accepted by an accredited educational institution.

The application should be submitted at least one month prior to the beginning date of school attendance.

The Educational Leave Committee shall:

1. Approve or reject the application;
2. Determine the period of study;
3. Recommend amount of payment.

The Educational Leave Committee shall notify the county of the action taken. The county welfare director shall secure the county employee educational leave agreement signed by the employee and approved by the county board of supervisors and submit two copies to the SDSW.

The Educational Leave Committee shall review and evaluate performance at school of employees attending educational institutions under the provisions of this section and may recommend termination of leave and discontinuance of payment upon reasonable notice to the employee, the county welfare director, and the board of supervisors. (WIC 119.5, 119.6, FSS-Admin.)

080-14 EDUCATIONAL LEAVE - SELECTION OF EMPLOYEES
WPS**080-14**

The selection of employees for educational leave with pay is the joint responsibility of the county welfare department and the SDSW in order that the purpose of the educational leave program may be fulfilled equitably throughout the state. Evaluation of employee performance on the job should be considered in deciding upon applications for educational leave; the employee's demonstrated interest in improving his day-by-day performance is an important factor in selection for educational leave.

Educational institutions have responsibility for decision regarding admission; their screening processes add safeguards to agency standards for selection. (W&IC 119.5, 119.6, FSS-Admin.)

080-16 EDUCATIONAL LEAVE - COUNTY EMPLOYEE AGREEMENT
WPS**080-16**

If the county decides that an educational leave should be granted, the agency and the employee have mutual responsibilities in any educational leave plan financed from the agency's administrative funds. The employee and the board of supervisors shall enter into an agreement defining these responsibilities on a form prescribed by the SDSW to provide the following assurances:

1. The reinstatement of the employee upon his return to the county in at least his present position with retention of his status and benefits, including any salary adjustments and vacation and sick leave rights to which he would have been entitled had he remained on the job, in so far as this is possible under the county ordinances or civil service rules of the county granting the leave.
2. The return of the employee to the agency for employment immediately following the leave, for a period at least equal to the period of educational leave. If this condition is not fulfilled, repayment may be required by the county in the proportion which the unmet period of re-employment bears to the total amount of payment made during the period of leave. (W&IC 119.5, 119.6, FSS-Admin.)

102-79 (Continued)

102-79

Accounting records are, in the minimum, defined for this purpose as the following records which reflect funds provided in any part by the state or the U.S., the expenditure of which is supervised by the SDSW.

- a. Registers of receipts or deposit permits showing date of receipt, name of payor, amount, fund to be credited, and purpose.
- b. Registers of disbursements (e.g., warrant registers) which shall show the warrant number, date of issuance, grantee (or payee, if other than grantee), amount, and purpose.

One copy of each accounting document pertaining to the payment or administration of public assistance and which is subsidiary to the accounting records shall be retained by the county for a period of at least five years from the date of each accounting document.

Accounting documents include warrants; Aid Affidavits, Forms Ag, Bl, CA 800, AB 800-H, CA 800-BHI; Aid Payrolls, Forms AB 801, CA 801, AB 801-H, CA 801-BHI; Recapitulation Sheets, Forms Ag, Bl, CA 802; Reports of Adjustments, Forms ABC 803; Reports of Cancelled Warrants, Forms ABC 804; Administrative Expense Affidavits, Forms ABC 807; Administrative Expense Worksheets, Forms DFA 64 and 64A; Claims for Estimated Quarterly Expenditures, Forms Ag, Bl, CA 809.

Employees Individual Daily Time Records, Forms DFA 42, shall be maintained on file in the county for the current and immediately preceding month.

Employees Monthly Time Records, Forms DFA 43, shall be retained in the county files until authorization for their destruction has been secured in writing from the SDSW. (W&IC 118, 1562, 2190, 3091.5)

102-80 TRANSPORTATION OF NEEDY CHILDREN OUTSIDE STATE**102-80****ANC**

A county may transport children who are receiving or are eligible to receive ANC to proper homes outside the state when such homes are offered. The state shall pay one-half of the total expense necessarily incurred in effecting such transportation. (See Sec. 235-95, Investigation Of Transportation Of Needy Children Outside State.) (W&IC 1580)

102-90 VIOLATION OF PROVISIONS OF OAS LAW**102-90****OAS**

Any person who knowingly violates any provision of the OAS law for which no penalty is specifically provided is guilty of a misdemeanor. (W&IC 2008)

102-95 OATHS**102-95****OAS, ANB, APSB, ANC**

The director, or person by whatever title designated, who acts as a director of a county agency carrying out the provisions of the OAS, ANB, APSB or ANC programs may authorize his representative or representatives to take such affidavits and administer such oaths as are required for these programs. (W&IC 7.5)

102-75 RECORDS AVAILABLE FOR PUBLIC USE**102-75****OAS**

The OAS law, and all regulations of the SDSW relating to OAS shall be available for inspection by the general public in every county welfare department office (including district offices) and in such additional offices as the board of supervisors may designate. (W&IC 2015)

This file marked "For Public Use" shall contain the following material:

1. Copy of the OAS law.
2. Copy of Division 1, of the W&IC Administration of Welfare and Institutions, Chapter 1, SDSW.
3. Manual of Policies and Procedures of the SDSW.
4. Department Bulletins not superseded by rulings appearing in the Manual of Policies and Procedures.

It is the responsibility of the county to keep the "For Public Use" file up to date. Inspection by the general public shall be made on the premises. (W&IC 2140)

102-77 SALE OF RULES AND REGULATIONS BY THE SDSW**102-77****OAS, ANB, APSB, ANC**

The SDSW has available for sale to the public at cost copies of the rules and regulations relating to OAS, ANB, APSB, and ANC. Copies of these rules and regulations may be secured from the SDSW for \$6.00, plus sales tax. The SDSW provides an annual subscription service to assure purchasers of the rules and regulations prompt receipt of additions and revisions to the rules and regulations for an annual subscription price of \$2.35. Certified or cashier's check or money order should be made payable to the SDSW and forwarded to the SDSW. (W&IC 114.5, 1560, 2140, 3075, 3460)

102-79 PRESERVATION OF RECORDS**102-79****OAS, ANB, APSB, ANC**

The Application (Form Ag, Bl, CA 200), Recipients Affirmation of Eligibility (Form Ag, Bl, CA 206), Certificate of Verification of Eligibility (Form Ag, Bl, CA 201) together with all documents supporting verification, Notice of Change (Form Ag, Bl, CA 232), and accounting records constitute permanent records. One copy each of such forms, documents, and records shall be preserved irrespective of the length of time aid may have been discontinued.

When aid has been discontinued for five years or more, the narrative record (case history) may, upon authorization of the board of supervisors, be destroyed if its content has been photographed in such manner that it may be reproduced.

(Section Continued on Next Page)

143-89 VERIFICATION OF INSURANCE
OAS, ANB, APSB, ANC**143-89**

In OAS, ANB, and APSB, all insurance policies carried in the name of the applicant (and/or spouse, if premium payments were made from community funds) shall be verified. In ANC, all insurance policies carried in the name of the parents and/or children shall be verified.

Verification may be made either through correspondence with the insurance company or by examination of the policies and shall be made even though the premiums may be paid by other than the insured. The county record shall contain the following information regarding each policy: type of policy; date of issuance of policy; amount of premiums and by whom paid; cash surrender value; face value and value at maturity (and in OAS, ANB, and APSB, the amount of encumbrance against the policy); beneficiaries; disability or other special benefits.

The cash surrender value of nonexempt insurance shall be verified through the insurance company, except when examination of the policies clearly establishes that their total face value together with other cash and securities is within the maximum. (See Sec. 143-83, Distinction Between Exempt and Nonexempt Insurance as Personal Property.)

In case disability benefits are available, there shall be further clearance of the amount available and conditions under which benefits will be paid. When the applicant, or in ANC the parent or child, is eligible to receive benefits at the time of application, he shall be required to avail himself of them.
(WIC 1560, 2140, 3075, 3460)

143-87 EFFECT OF LOANS AGAINST INSURANCE**143-87****OAS, ANB, APSB, ANC**

In OAS, ANB, and APSB, an applicant who was adjudged ineligible in the past (or would have been ineligible had application been made) because of the cash surrender value of life insurance may subsequently borrow on such insurance without disqualifying himself for future aid. A loan may have been made against the policy or policies of insurance for the purpose of immediate maintenance of the insured and/or his dependents or adjustments may have been made for some other purpose than to qualify for aid. Under these circumstances eligibility is not impaired, provided personal property holdings are within the maximum, even though the loan against the insurance may have reduced the net value in sufficient amount to render the applicant no longer ineligible because of personal property.

In ANC this applies to insurance held by the parents and/or eligible children. (W&IC 1560, 2140, 3075, 3460)

143-88 INSURANCE ADJUSTMENTS**143-88****OAS, ANB, APSB, ANC**

That adjustment which will best conserve the assets of the insured shall be made when an insurance adjustment is necessary.

The Life Insurance Adjustment Bureau, 450 Seventh Ave., New York, New York, renders service to recognized social agencies in connection with adjustment of insurance issued by the Metropolitan Life Insurance Company, Prudential Insurance Company of America and the John Hancock Mutual Life Insurance Company. Adjustment problems in connection with other types of insurance should be taken up directly with the company concerned. (W&IC 1560, 2140, 3075, 3460)

144-05 DETERMINATION OF VALUE OF ARTICLES SOLD UNDER
CONDITIONAL SALES CONTRACT
OAS, ANB, APSB

144-05

In OAS, ANB, and APSB, the value of articles of personal property sold under conditional sales contract represents personal property of the seller, since title remains with him. Their value must be considered in determining eligibility of the seller for the particular category of aid until such time as title passes to the buyer.

In OAS, the current market value of articles being sold under conditional sales contract represents the value to be included when determining personal property holdings. In ANB and APSB, the county assessed value of such articles is considered when determining eligibility.

The return, exclusive of interest, to the seller of articles of personal property under a conditional sales contract represents personal property, and when the value of total personal property holdings remains within the maximum for the particular category of aid, there is no occasion for interruption of aid.
(W&IC 2140, 3075, 3460)

143-95 LEASES AS PERSONAL PROPERTY

143-95

OAS, ANB, APSB, ANC

Leases for a term of years are personal property. (See Glossary-Leases.)
Exception: In OAS, a lease is real property when it is for a period of not less than 10 years and the leased premises are used as a place of residence for the lessee. (See Sec. 132-60, Real Property Held by Lease.)

When houses, cabins, etc., are placed upon leased land with the provision in the lease that houses, cabins, etc., remain the property of the lessee, such holdings represent personal property, if the lease is personal property, real property if the lease is real property.

The value of all leases considered personal property shall be determined, according to the provisions of the respective category of aid. (See Secs. 143-00, 143-05, 143-10, Determination of Value of Personal Property.) (WIC 1560, 2140, 3075, 3460)

144-00 DETERMINATION OF VALUE OF PERSONAL PROPERTY BEING PURCHASED
UNDER CONDITIONAL SALES CONTRACT

144-00

OAS, ANB, APSB

When personal property is being purchased on a conditional sales contract, the market value of the purchaser's equity in the article shall be considered in determining eligibility for OAS. In ANB and APSB, the assessed value of the purchaser's equity in such articles shall be considered.

In OAS, the market value of the purchaser's equity represents the difference between the current market value of the goods being purchased and the remainder due on the contract. There will be no equity when the remainder due exceeds the current market value. In ANB and APSB, the purchaser's equity is the difference between the assessed valuation and the amount due on the contract. When the balance due on the contract is greater than the assessed valuation, there is no equity.

In the absence of information to the contrary, it is the presumption that payments are being made regularly in accordance with the terms of the contract of sale. (WIC 2140, 3075, 3460)

155-25 (Continued)

Page 3 of 155-25

budget schedule. When the facts in the individual case establish that the need (not the want) of the recipient requires a larger amount than that shown in the Budget Schedule, the increased amount so determined may be included in the budget. (See "Explanation of Items of Need in Budget Schedule" in this section.)

Only those items which represent the need of the individual recipient shall be included in his budget. For example, if the recipient has no expense for garbage removal, this item would be omitted from his budget. Required payments on a debt represent a need when the debt is secured by the recipient's home or is secured by his furniture or some other items of personal property which is a current necessity.

The Budget Schedule does not include a specific figure for special items of need. Special items of need on the part of the individual would be included under "Special Needs" in his budget. See Sec. 155-50, Definition and Determination of Special Needs in OAS for discussion of special items of need and how they are established. (WIC 2021, 2140)

EXPLANATION OF ITEMS OF NEED IN BUDGET SCHEDULE:

1. Food

The smaller amount shown in the Budget Schedule represents the food allowance when the recipient has his meals at home, either alone or with a household group. The larger amount represents the food allowance when all meals are purchased in restaurants. If a physician has recommended a special diet and the cost is determined to be in excess of the amount allowed for food in the Budget Schedule, the excess is considered a "Special Need." (See Sec. 155-50, for information regarding special diets.)

When a recipient pays a stipulated amount for board, or pays for board and room, the amount of this item of need is the amount as paid.

2. Housing

A specific amount for the housing item is not set. Allowance is made on the basis of the recipient's living arrangement.

- (a) If the recipient pays rent, his housing need is the amount paid for rent. If two or more persons share the same quarters, the recipient's prorated share is his housing need.
- (b) If the recipient receives free rent, the estimated value of such free housing, as determined by the county, represents the amount of housing need. While due regard may be given to the actual value of such housing, the evaluation shall take into consideration the worth of the housing to one who has only limited funds available for his needs.

(Section Continued on Next Page)

155-25 (Continued)

Page 2 of 155-25

request that his grant be figured accordingly, and any necessary adjustment in the grant shall be made as soon as administratively possible. Responsibility rests upon the county to inform the recipient of the possible advantages accruing to him should he elect to have his income applied to total need as determined by his budget. (See Sec. 155-15, Method of Determining the Amount of Grant in OAS)

When figuring the total need of an individual according to his requirements, due regard shall be given to the Budget Schedule as adopted by the SSWB.

BUDGET SCHEDULE

The current Budget Schedule as adopted by the Social Welfare Board is as follows:

Food	\$27.15	(Increase 75% to \$47.50 if all meals are purchased in restaurants.)
Housing, as paid, for example	20.00	
Utilities, as paid, or the following minima		
Electricity	1.20	
Gas	1.85	
Water	1.40	
Garbage Removal	.50	
Other, for example, heat	3.15	
Household operations	3.95	
Clothing	6.10	
Incidentals and personal needs	10.00	
Transportation	3.00	
Special Needs, such as medical care, etc., in the amount of actual cost. (See Sec. 155-50, Definition and Determination of Special Needs in OAS, for description of common special needs.)		
Total	\$78.30	

The Budget Schedule is reviewed semi-annually, and revised when necessary. The schedule shall be used in each county. The amounts allowed for the various items for which a specific figure is set are based on an average of pricings throughout the state. They are mandatory unless different amounts have been determined on the basis of a pricing plan approved by the SDSW, except that the amounts for utilities may be those as paid, or the amounts set forth in the

(Section Continued on Next Page)

155-50 (Continued)

155-50

Business and Professions Code, by one giving treatment by prayer or spiritual means, or by other treatment recognized as a branch of the healing arts, represents a special need when verified by the physician or practitioner in attendance.

2. Sanatorium or Rest Home Care:

The type of care required should be designated by the physician or other practitioner in charge of the case.

3. Medication:

Prescriptions and proprietary drugs or other medication prescribed by practitioners of any of the healing arts.

4. Eyeglass Prescriptions:

When ordered by a physician, optician, or an optometrist.

5. Special Diets:

On the written recommendation of a physician or other practitioner and in the amount that the special diet exceeds the cost of the normal diet.

6. Occasional Repairs of Homes Owned and Occupied by Recipients:

If necessary to provide safe and healthful housing, or to minimize deterioration, the expense of occasional repairs represents a special need until allowance has been made for the cost of such repairs. The plan for payment agreed upon between the contractor or vendor and the recipient should be recorded in detail.

7. Replacement of Worn-Out Household Equipment and/or Supplies, Clothing, etc.:

Household furniture, equipment, and/or clothing may be inadequate or substandard to a point where the expense of securing necessary items is in excess of ordinary upkeep. This may be the situation of persons whose income, prior to receipt of aid, was insufficient to meet normal requirements. It also may result from a change in living plan. When such is the case, the cost of necessary replacement or of augmenting the present supply represents a special need.

(Section Continued on Next Page)

155-30 (Continued)

155-30

The grant for the wife is computed as follows:

	<u>Need</u>		<u>Income</u>
Basic needs	\$60	Value of occupancy	\$ 4
Insulin	7	$\frac{1}{2}$ of husband's	
Roof repair		earnings	11
($\frac{1}{2}$ of monthly		Total income	\$15
payment)	4		
Total need	\$71		

* * * * *

Total need	\$71.00
Total income	15.00
Grant	\$56.00

At the end of the ten-month period the need for roof repair will have been allowed in full. If the conditions remain the same the man's grant should be reduced to \$45 (\$60 minus \$15) and the woman's grant shall be reduced to \$52 (\$67 minus \$15). (See Sec. 155-60, Reporting Need in Excess of \$60 to SDSW.)

155-50 DEFINITION AND DETERMINATION OF SPECIAL NEEDS IN OAS OAS

155-50

In addition to the basic continuing needs as discussed in Sec. 155-30, Total Need--Statutory Maximum (\$60) Plus Special Needs, the individual may have other needs. Additional requirements or "special needs" may exist due to the impaired health and/or activity of the recipient, physical handicap, housing conditions, etc. Special needs shall be determined on the basis of the individual's circumstances, and in such amount as required to cover factual and realistic needs of the individual and not a family group. Required payments on a debt represent a current need when the debt is secured by the recipient's home or is secured by his furniture or some other item of personal property which is a current necessity. The liquidation of debts not so secured may represent a current need if the debt was for a bona fide excess need and was incurred while a recipient of aid. Payments on an unsecured debt incurred while not a recipient of aid shall not be considered a current need.

The special needs which are most often found to be in excess of basic continuing needs of the individual recipient include:

1. Medical Care and/or Treatment Under Other Healing Arts:

The need for care or treatment by a physician or surgeon, by the practitioner of any type of therapy subject to licensing under the

(Section Continued on Next Page)

155-50 (Continued)

155-50

12. Occasional or Unusual Needs:

The occasional or unusual needs which may be due to accident or ill health or which may be necessary to preserve health and normal activity is excess need and such need may be established by the worker. Among these needs are:

- (a) Dentures or dental work.
- (b) Hearing aids.
- (c) Trusses or orthopedic appliances, wheel chairs, crutches, etc.
- (d) Dressings and other sick room supplies.
- (e) Special housing. When physical handicaps require special housing which can be secured only through a disproportionate expenditure, such as one-half or more of the statutory grant, that amount by which the cost of such housing exceeds normal rental represents special need.

The foregoing special needs are not intended to be all inclusive. There are undoubtedly other needs of some recipients which are not listed and which may constitute a special need. Conversely, the fact that a need has been listed as a possible requirement does not imply that every expenditure for such an item represents an actual need.

PROCEDURE IN ESTABLISHING SPECIAL NEEDS IN EXCESS OF BASIC CONTINUING NEEDS:

When considering items of special need in excess of basic continuing needs, distinction must be made between a "want" and a "need."

In every case the record must show the verification secured and/or the facts or circumstances upon which the county determined the need for the particular item established as a special need. The probable period over which the need will continue shall also be recorded.

The need for household repairs, and household replacements can best be evaluated by the county in terms of the recipient's surroundings, household equipment, etc. The county's determination of the need for other items for which no specific method of determination is indicated is adequate.

Income shall not be designated to provide for specific items of need. The total income must be applied toward the total need and special need may be allowed only during the period that such need actually exists. Since income received in the current month and the two preceding months is considered current income, an excess need that occurred in the two preceding months is considered current need, without regard to the amount which may have been paid toward its cost from the recipient's grant or his resources. Thus, when determining the amount of adjustment, if any, to be made within the current adjustment period

(Section Continued on Next Page)

155-50 (Continued)

155-50

Replacement of necessary household equipment and supplies, clothing, etc., destroyed in a catastrophe such as fire, flood, etc., represents need in excess of basic continuing needs to the extent that such possessions have not been covered by insurance.

8. Housekeeping Service:

The cost of housekeeping service or its equivalent in housekeeping equipment represents need in excess of basic continuing needs when the physical condition of the recipient is such that the service is required for the well being of the individual recipient.

Such services if performed without cost by neighbors, relatives, or friends shall not be considered on a commercial basis and therefore no monetary value shall be placed thereon. No allowance may be made in the grant to provide for the payment by the recipient to responsible relatives for such services.

9. Nursing Service:

The need for nursing service should be designated by the physician or other practitioner in charge of the case, or in the unusual case in which such person is not in attendance, by the county worker, and the cost of such care should not exceed the average cost of that type of care in a given community.

Such services if performed without cost by neighbors, relatives, or friends shall not be considered on a commercial basis and therefore no monetary value shall be placed thereon. No allowance may be made in the grant to provide for the payment by the recipient to responsible relatives for such services.

10. Excess Heat:

The cost of extra heat needed because of ill health or impaired vitality represents excess need in the amount of the additional cost.

11. Telephone:

The cost of a telephone shall be allowed routinely when the recipient has one. When the use of pay telephones is necessary for the recipient's welfare, the cost of such telephonic service represents a special need.

(Section Continued on Next Page)

156-05 PROVISIONS OF W&IC REGARDING DETERMINATION OF AMOUNT OF
GRANT IN ANB
ANB

156-05

The amount of aid to which any applicant shall be entitled shall be, when added to the income (including the value of currently used resources, but excepting casual income and inconsequential resources) of the applicant from all other sources, seventy-five dollars (\$75) per month. When the actual need of an applicant exceeds seventy-five dollars (\$75) per month, such applicant shall be entitled to receive aid in an amount (not to exceed seventy-five dollars (\$75) per month) which when added to his income (including the value of currently used resources, but excepting casual income and inconsequential resources) from all other sources, shall equal his actual need. (W&IC 3084)

Free board and lodging supplied to an applicant for ANB because of his necessity therefor, by a friend or relative who is not responsible for his support or who is financially unable to support him, shall not be a ground for refusing aid. (W&IC 3049)

The county board of supervisors shall investigate, annually or oftener, the qualifications of the blind persons receiving aid under the provisions of this chapter and may increase or decrease the allowance within the limits prescribed in this chapter, or, if the board is satisfied that any person receiving such aid is not entitled thereto, it shall deny him further aid and shall forthwith notify the county auditor and the Chief of the Division for the Blind in the SDSW of such action. The person receiving aid, however, shall have the right of appeal to the SSWB from such action. (W&IC 3089)

When amendments to the Federal statutes or rules and regulations of the Federal Security Agency permit, earnings of the applicant shall not be deducted from the amount of aid to which the applicant would otherwise be entitled. (W&IC 3084.3)

If, when, and during such times as the United States Government increases its contributions in assistance of the needy blind in this state, the amount of the grant of aid provided in this chapter shall be increased by an amount equal to such increase by the United States Government. (W&IC 3084.1)

Every person administering aid shall endeavor at all times to perform his duties in such manner as to secure for every blind person the maximum amount of aid to which he is entitled. (W&IC 3082.1)

155-50 (Continued)

155-50

(See Sec. 361-10), or when determining the amount of retroactive aid to be paid for either or both of the two months preceding the current month (See Sec. 361-25, Item 11), the amount required to meet special items of need occurring in those months, rather than the unpaid balance of the cost, shall be considered.

Payments made in advance for anticipated future medical care can not be considered as need in excess of basic continuing need. (W&IC 2020, 2140)

155-60 REPORTING NEED IN EXCESS OF \$60 TO SDSW
OAS

155-60

APPLICATIONS:

When the grant for an applicant is determined by subtracting the income from total need which is in excess of \$60 a month, that fact shall be reported on the Certificate of Verification of Eligibility (Form Ag 201). See Sec. 237-10, Instructions for Certificate of Eligibility, Item 12, which specifies the information to be reported when total need has been established by the individual's budget (See Sec. 155-25, Total Need - Determination By Budget) and when total need has been determined by adding the cost of special needs to \$60. (See Sec. 155-30, Total Need - Statutory Maximum (\$60) Plus Special Needs.)

CURRENT CASES AND RESTORATIONS:

When the grant is determined by the individual's budget (See Sec. 155-25, Total Need - Determination by Budget) that fact shall be reported in the usual manner by submission of a Notice of Change (Form Ag 232). (See Sec. 362-05, Instructions For Recording on Notice of Change, Section 1.) The amount of total need is entered in Column 6, and in Column 7 the notation "Form Ag 241 on file" is entered. (The verification of those items of need for which verification is required, and the verification of the income, shall be included in the case record, usually on Form Ag 241, Budget Work Sheet.)

When the grant is determined by subtracting the income from total need as established by adding the cost of special items of need to \$60 (See Sec. 155-30, Total Need - Statutory Maximum (\$60) Plus Special Needs) that fact shall be reported in the usual manner by submission of a Notice of Change (Form Ag 232). The amount of total need is entered in Column 6, and in Column 7 a statement shall be made of the particular special needs, the cost of each, and how the need and the cost were verified. (See Sec. 362-05.)

See Sec. 362-25, Change in Need or Income - No Change in Grant, for reporting requirements as the need and/or income change, and the basis on which the grant is determined changes. (W&IC 2140)

156-25 (Continued)

156-25

spiritual means, or by other treatment recognized as a branch of the healing arts, represents a special need when verified by the physician or practitioner in attendance.

2. Sanatorium or Rest Home Care:

The type of care required should be designated by the physician or other practitioner in charge of the case.

3. Medication:

Prescriptions and proprietary drugs or other medication prescribed by practitioners of any of the healing arts.

4. Eye-glass Prescriptions: When ordered by a physician, optician, or an optometrist.

5. Special Diets:

On the written recommendation of a physician or other practitioner and in the amount that special diet exceeds the cost of the normal diet.

6. Occasional Repairs of Homes Owned and Occupied by Recipients:

If necessary to provide safe and healthful housing, or to minimize deterioration, the expense of occasional repairs represent an excess need until allowance has been made for the cost of such repairs. The plan for payment agreed upon between the contractor or vendor and the recipient should be recorded in detail.

7. Replacement of Worn-out Household Equipment and/or Supplies, Clothing, etc.:

Household furniture, equipment, and/or clothing may be inadequate or substandard to a point where the expense of securing necessary items is in excess of ordinary upkeep. This may be the situation of persons whose income, prior to receipt of aid, was insufficient to meet normal requirements. It also may result from a change in living plan. When such is the case, the cost of necessary replacement or of augmenting the present supply represents an excess need.

Replacement of necessary household equipment and supplies, clothing, etc., destroyed in a catastrophe such as fire, flood, etc., represents need in excess of basic continuing needs to the extent that such possessions have not been covered by insurance.

(Section Continued on Next Page)

156-25 DEFINITION AND DETERMINATION OF NEEDS IN EXCESS OF BASIC
CONTINUING NEEDS IN ANB
ANB

156-25

The ANB law recognizes that the minimum need of an individual ANB recipient is \$75 a month. (See Sec. 156-20, Definition of Basic Needs in ANB.) The amount of aid granted plus the income received must equal at least the statutory maximum of \$75 a month to cover the basic continuing need of such recipient.

There are many special needs which are often incident to blindness or unusual circumstances and which may be necessary to effect those physical, social, or economic adjustments required to promote the well-being of the individual blind person. These special needs may be in excess of the basic continuing needs. (See Sec. 156-20.) No monetary limit has been placed upon the extent of the need in excess of the basic continuing needs.

NEEDS IN EXCESS OF BASIC CONTINUING NEEDS

Needs in excess of the basic continuing needs shall be determined on the basis of the individual recipient's circumstances, and to the extent that is required to cover factual and realistic needs. These needs must be determined with reference to the health, comfort, and well-being of the individual recipient and not a family group.

In those instances where there is income including the value of currently used resources, there shall be recording in the case record concerning discussion with the recipient as to any special needs he may have and the amount required to meet such special needs; also the determination with regard to the establishment of need in excess of basic continuing needs.

Required payments on a debt represent a current need where the debt is secured by the recipient's home or is secured by his furniture or some other item of personal property which is a current necessity. The liquidation of debts not so secured may represent a current need if the debt was for a bona fide excess need and was incurred while a recipient of aid. Payments on an unsecured debt incurred while not a recipient of aid shall not be considered a current need.

The items listed below are not intended to be all inclusive and there are undoubtedly special needs of recipients which are not listed and which may well constitute an actual need. Conversely, the fact that an item has been listed as a possible need in excess of basic continuing needs does not imply that every expenditure for such item is automatically such a need.

The needs which are most usually found to be in excess of basic continuing needs of the individual recipient include:

1. Medical Care and/or Treatment under Other Healing Arts:

The need for care or treatment by a physician or surgeon, by the practitioner of any type of therapy, subject to licensing under the Business and Professions Code, by one giving treatment by prayer or

(Section Continued on Next Page)

156-25 (Continued)

156-25

- (c) Trusses or orthopedic appliances, wheel chairs, crutches, etc.
- (d) Dressings and other sick room supplies.
- (e) Special housing. When physical handicaps require special housing which can be secured only through a disproportionate expenditure, such as one-half or more of the statutory grant, that amount by which the cost of such housing exceeds normal rental represents excess need.

12. Special Needs:

The following items are among those additional needs which may be necessary to effect physical, social, or economic adjustment of the blind recipient in which event they represent needs in excess of basic continuing needs.

- (a) Personal services, such as a personal guide, reader, etc.
- (b) Guide dog, and/or maintenance therefor. The recipient's estimate of the cost of food, veterinarian fee, etc., required for the maintenance of a guide dog can be verified by the worker through a letter to one or more of the guide dog schools located in California. Experience with this type of need would seem to indicate that an allowance of \$15.00 a month for the maintenance of a guide dog would be reasonable.
- (c) Telephone service.
- (d) Radio and/or radio repairs.
- (e) Talking Book and/or Talking Book repairs.
- (f) Dry cleaning service.
- (g) Typewriter and/or Braille writer.
- (h) Artificial eyes.
- (i) Special appliances for the blind, such as white canes, watches, Braille slates, etc. (W&IC 3084)

156-25 (Continued)

156-25

8. Housekeeping Service:

The cost of housekeeping service or its equivalent in housekeeping equipment represents need in excess of basic continuing needs when the physical condition of the recipient is such that the service is required for the well-being of the individual recipient.

Such services if performed without cost by neighbors, relatives or friends shall not be considered on a commercial basis and therefore no monetary value shall be placed thereon. No allowance may be made in the grant to provide for the payment by the recipient to responsible relatives for such services.

When the circumstances of a blind recipient are such that he eats a majority of his meals in restaurants, excess need may be established in that amount by which the cost of restaurant meals exceeds the current cost of food. Experience would seem to indicate that a maximum allowance of \$21.00 a month would be a reasonable estimate of the amount by which restaurant meals would normally exceed the current cost of food.

9. Nursing Service:

The need for nursing service should be designated by the physician or other practitioner in charge of the case, or in the unusual case in which there is no such person in attendance, by the county worker, and the cost of such care should not exceed the average cost of that type of care in a given community.

Such services if performed without cost by neighbors, relatives, or friends shall not be considered on a commercial basis and therefore no monetary value shall be placed thereon. No allowance may be made in the grant to provide for the payment by the recipient to responsible relatives for such services.

10. Excess Heat:

The cost of extra heat needed because of ill health or impaired vitality represents excess need in the amount of the additional cost.

11. Occasional Unusual Needs:

The occasional or unusual needs which may be due to accident or ill health, or which may be necessary to preserve health and normal activity is excess need and such need may be established by the worker. Among these needs are:

- (a) Dentures and dental work.
- (b) Hearing aids.

(Section Continued on Next Page)

156-40 METHOD OF REPORTING NEED IN EXCESS OF BASIC CONTINUING
NEEDS IN ANB
ANB

156-40

In every instance in which the cost of the actual need of a recipient exceeds the maximum statutory grant (\$75 a month) and income of the recipient is applied toward the additional need, the Certificate of Verification of Eligibility (Form Bl 201) for new applications, or the Notice of Change (Form Bl 232) for current cases shall show:

1. The source and amount of each item of income.
2. The particular need or needs in excess of the statutory maximum and how the need was established.
3. A statement of the verification which established the cost of the excess need. (W&IC 3075)

156-50 GRANT OF AID IN WHOLE DOLLAR AMOUNTS IN ANB
ANB

156-50

It is recognized that there are advantages to making grants of aid in whole dollars whenever possible. While certain types of income must be deducted in their exact amount, other types may be adjusted to make possible the grant of aid in a whole dollar amount. For certain other types of income which may be disregarded, see Secs. 150-50, Types of Casual Income and 150-40, Definition of Casual Income and Inconsequential Resources.

A. INCOME WHICH MUST BE DEDUCTED IN ITS EXACT AMOUNT

Fixed income must be deducted in its exact amount.

EXAMPLE A: A RECIPIENT IS RECEIVING OASI IN THE AMOUNT OF \$21.19 EACH MONTH. THERE IS NO OTHER INCOME AND NO ESTABLISHED NEED IN EXCESS OF \$75 A MONTH. AID SHALL BE GRANTED IN THE EXACT AMOUNT OF \$53.81. (SEE SEC. 361-00, INCREASE IN AMOUNT OF AID.)

B. INCOME WHICH MAY BE ADJUSTED TO KEEP THE GRANT IN WHOLE DOLLARS

It is possible to keep grants of aid in whole dollar amounts when the income received is not in a regular or known fixed amount, by reducing such income to the nearest whole dollar; likewise, in case of excess need, when the difference between total need and total income is in odd cents, the grant may be computed in whole dollar amounts by increasing the grant to the next highest whole dollar.

(Section Continued on Next Page)

156-30 PROCEDURE FOR ESTABLISHING NEED IN EXCESS OF BASIC CONTINUING
NEEDS IN ANB
ANB

156-30

The need for household repairs and household replacements can best be evaluated by the county in terms of the recipient's surroundings, household equipment, etc. The county's determination of the need for other items, for which no specific method of determination is indicated, is adequate. In every case the record must show the verification secured and/or the facts or circumstances upon which the county determined the need for the particular item established as an excess need. The probable period over which the need will continue shall also be recorded.

Income received shall not be designated to provide for specific items of need. The total income must be applied toward the total need, and need in excess of basic continuing needs may be allowed only during the period that such need actually exists. Since income received in the current month and the two preceding months is considered current income, an excess need that occurred in the two preceding months is considered current need, without regard to the amount which may have been paid toward its cost from the recipient's grant or his resources. Thus, when determining the amount of adjustment, if any, to be made with the current adjustment period (See Sec. 361-10), or when determining the amount of retroactive aid to be paid for either or both of the two months preceding the current month (See Sec. 361-25, Item 11), the amount required to meet special items of need occurring in those months, rather than the unpaid balance of the cost, shall be considered.

Payments made in advance for anticipated future medical care can not be considered as need in excess of basic continuing needs. (W&IC 3075, 3084)

202-20 (Continued)

202-20

The full name of the applicant should be given at the top of the form. When a person has an alias, his true name should be given at the top of the form, and this shall be followed by all of his aliases. The notarized signature at the bottom of the form shall be the usual signature of the applicant. It may be either the true name or the alias. A woman should use her own given name, not her husband's given name. Initials should be used at the top of the form only when they are, in fact, the only name of the applicant. The address of the applicant should be the complete mail address. (W&IC 1560, 2140, 3075, 3460)

Supplemental instructions for completion of certain items on the various forms follow:

OAS

The applicant's statement of age should be given in years only, and should be the age on the last birthday.

The birthplace shall include city and/or county and state and/or country.

The name of the county and the date when the applicant believes he established residence in the county shall be entered.

The full name and address of the spouse shall be shown. If the spouse is or was receiving aid in this or another county, enter the state number, if known. If the spouse is deceased or divorced, this fact shall be noted.

The number of living children as known to the applicant shall be stated. When the children's whereabouts are unknown, they shall be considered as living.

Whether or not the applicant is living in a home which he owns outright or in which he has an interest shall be shown. (W&IC 2140, 2180)

ANB, APSB

The exact or approximate birth date shall be given if known.

The exact date residence was established in the county shall be given when known; otherwise the approximate date shall be entered.

The name and address of the spouse shall be given. If the spouse is or was receiving aid in this or another county, enter the state number, if known.

(Section Continued on Next Page)

202-20 THE APPLICATION FORM

202-20

OAS, ANB, APSB, ANC

The application form is the applicant's sworn statement that he believes himself, or those for whom aid is requested, to be eligible for the aid for which he is applying.

In OAS and ANC, the Application Form (Forms Ag, Ca 200) includes the points of eligibility on which the applicant (or the person making application for the child) must give information to enable the county to start the investigation. (W&IC 1560, 2140, 2180)

In ANB and APSB, the law sets forth in detail the statements which shall be made under oath on the application, i.e., age, sex, counties of residence for the preceding ten years, financial resources and income, names and addresses of the spouse, and of each of the adult children and the parents, degree of blindness, period of blindness, employment and educational history, general physical conditions, and such other data as are necessary to establish his eligibility for aid to the blind. (W&IC 3075, 3081, 3460, 3470)

The Application Form (Forms Ag, Bl, CA 200) may be filled out in long-hand by the applicant or the county may insert the information as given by the applicant. In this latter instance, the form shall be read by or to the applicant before his signature under oath is affixed. The form may be filled out in triplicate, or one copy only may be made and two copies certified as true copies of the original. One copy of the application shall be given to the applicant at the time the form is signed.

Each statement on the application shall be completed. The words "no", "none" or "unknown" shall be used, when that is the correct answer.

In OAS, when the applicant is unable to give in detail all the specific information requested on the application form at the first interview, individual items may be completed with the qualifying phrase "to the best of my knowledge and belief." In ANB and APSB the word "unknown" may be used on the application form.

The county number assigned to the application shall be inserted. In OAS, ANB, and APSB the state number shall be assigned by the county and inserted after aid is granted. (See Secs. 700-00 and 700-05, Assignment of State Numbers.)

In ANC the state number shall be inserted after aid is granted and the SDSW has assigned a number to the case.

When aid has previously been applied for or received by the same person, or in ANC for the same children, in the same or another county, and former state number is known, this number (including the county prefix) should be inserted. When application is made for an additional child in a family already receiving an ANC grant, the state number of the family should be inserted.

(Section Continued on Next Page)

236-50 (Continued)

236-50

XIII. Assistance Plan--

- A. Children in Their Own Homes--Members of household, their income and expenses, the estimated budget for the family unit, income to the family unit, and deficiency between income and budget should be recorded with an explanation of any deviation in the budget from the budget schedule used by the county for families receiving ANC. If the Budget Work Sheet (Form Gen M48) is not used, a detailed explanation of how the budget and deficiency for the family were estimated shall be included. If there is a deficiency, an explanation of the plan to meet the additional needs of the family shall be recorded. The source of income, expenses connected with obtaining income with methods and dates of verification shall be recorded.
- B, C, and D. Children in the Homes of Relatives, Boarding Homes, or Institutions. The amount paid for care for children in boarding homes or institutions or in the home of relatives (when not on a budget basis) shall be entered here. All contributions for child's support received from parents, relatives, or other sources shall be recorded. The parent or parents' ability or inability to support should also be recorded. This includes information concerning parents' verified income showing means and date of verification, an estimation of the parents' reasonable needs, and the basis for the determination of the actual contribution. If the child is living with relatives, there should be an accurate account of the relatives' financial situation, their ability and willingness to provide for certain needs of the child (i.e., clothing, free room, etc.) and a report of how all the child's needs are being met.

XIII. Recommendation as to Grant of Aid--

A brief statement of recommendation as to amount of the grant is included here. If the recommendation does not follow the recorded "Assistance Plan," explain reason for difference.

XIV. Federal Participation--

Factors which affect the eligibility of the child or children for federal participation, such as direct payment, living with eligible relatives, or school attendance of child over sixteen, should be recorded here, with reference to the appropriate previous entry under Living Plan, etc., for verification. Method of verification of payee including date of home visit should be recorded here. (W&IC 1560)

236-50 (Continued)

236-50

2. Actual contributions from relatives, or other private sources (i.e., private agency, etc.) should be recorded with the amount, reason for contribution, probable duration, and any special restrictions placed on its use.
3. Pensions, benefits, settlements, or compensation (employment, military, or fraternal) should be completely described giving the amount received or to be received, and the conditions under which it is received. The probable length of time periodic payments will be received should be recorded.
4. When insurance has been paid or an award of compensation or damages has been made, due to parent's death or injury, a detailed report shall be in the narrative showing verification of the amount received, the basis for the settlement, and the family's expenditures of the money received.
- 5 & 6. All forms of public assistance which the members of the family receive, or are eligible to receive, should be indicated as well as potential resources, such as sale of seasonal produce, etc.

X. References and Agencies to Whom Known--

Include a statement of names and addresses of agencies to whom child or family is known, with the dates of service, brief explanation of the type of service given, and the summary of information obtained from the agency. Names and addresses of references, their reason for knowing the child or family, length of time they have known family, and the information which they give relative to the family's financial situation, residence, standard of living, etc., should be recorded.

XI. Plan to Assist Family (or Individual Children) in Meeting Their Problems--

The plan of the worker to help the family help itself in meeting its immediate needs, health, emotional, financial, etc., and in making plans for an independent future with an adequate standard of living and a healthy, well-adjusted family group is recorded here. Describe the plans being made to assist the children and/or parents in meeting the problems pointed out under other topics. The case work plan for the family will vary with the individual family, and may deal with few or many factors, such as the healthy, recreational, educational, and/or social needs of the family or the children. The changes, reason for changes, plan and progress of the plan should be recorded in order that the case record may be up to date.

(Section Continued on Next Page)

**237-10 INSTRUCTIONS FOR CERTIFICATE OF ELIGIBILITY
OAS****237-10**

The following instructions supplement those contained on Certificate of Verification of Eligibility (Form Ag 201):

Top of Form

NAME--The full name of the applicant shall be recorded. It should be identical with the full name of the applicant as shown on the Application (Form Ag 200).

STATE NUMBER--Enter the state number assigned to the case after aid has been granted. (See Sec. 700-00, Assignment of State Numbers.)

FORMER STATE NUMBER--If the case is a transfer or a reapplication, enter the state number which was formerly assigned to the case.

COUNTY NUMBER--The county number should be shown on all Forms Ag 201 when they are sent to SDSW.

(Section Continued on Next Page)

**237-00 PURPOSE OF CERTIFICATE OF ELIGIBILITY
OAS, ANB, APSB, ANC****237-00**

The Certificate of Eligibility (Form Ag, Bl, CA 201) is the report of the county to the SDSW certifying that eligibility has been established; that complete supporting evidence is on file in the county office; and on which action of the board of supervisors completing the investigation is shown. In ANB, APSB, and ANC, it is also the report of the county certifying that ineligibility has been established. Form Ag, Bl, and CA 201 briefly report the verified facts establishing eligibility, or in ANB, APSB, and ANC, the facts establishing ineligibility, the nature of the evidence, the place where original evidence may be reviewed, and the action of the board of supervisors. This form provides a basis for payment of the county's claim for reimbursement.

Upon completion of the investigation, the last step of which is action by the board of supervisors, the county shall submit either the original or a certified copy of Form Ag, Bl, or CA 201 to the SDSW. When this form is returned by the SDSW to the county because of omission of data, it must be completed and returned immediately.

An original or certified copy of the form shall be retained in the county case record. (WIC 1560, 2140, 3075, 3460)

237-10 (Continued)

237-10

CONDITIONS OF ELIGIBILITY

HOW VERIFIED

10. INCOME--(W&IC 2020)

THE SOURCES AND AMOUNTS OF NET INCOME SHALL BE LISTED, AND THE TOTAL SHOWN. (NON-DEDUCTIBLE AGRICULTURAL INCOME AND THAT INCOME WHICH IS DETERMINED TO BE CASUAL IS NOT SHOWN) (SEE SECS. 150-60 AND 151-95)

RECORD: (1) THE NATURE OF THE VERIFICATIONS, (2) THE DATE THEREOF, AND (3) LOCATION OF EVIDENCE.

EXAMPLE: WAGE REPORT (GIVE DATE) IN CO. FILE; SON JOHN'S AG 225 (GIVE DATE) IN CO. FILE.

11. NEED--(W&IC 2001)

THE ANSWER IS "Yes" IF AID IS GRANTED.

VERIFICATION OF NEED IS SHOWN IN THE COUNTY RECORD AND REPORTED HERE BY REFERENCE TO THE REPORT OF INVESTIGATION (FORM AG 202) OR COUNTY INVESTIGATION ON FILE.

EXAMPLE: COMPLETED FORM AG 202 ON FILE.

12. NEED IN EXCESS OF \$60--(W&IC 2020)

IF APPLICANT'S NEED IS IN EXCESS OF \$60 A MONTH, RECORD AMOUNT OF TOTAL NEED IN THE "YES" SPACE.

IF TOTAL NEED IS ESTABLISHED BY ADDING THE COST OF SPECIAL NEEDS TO THE STATUTORY MAXIMUM, RECORD (1) THE PARTICULAR NEED WHICH BRINGS TOTAL NEED IN EXCESS OF \$60, (2) THE VERIFICATION WHICH ESTABLISHED THE SPECIAL NEED, (3) THE AMOUNT, (4) LOCATION OF EVIDENCE.

EXAMPLE: MEDICINE \$5. NEED VERIFIED BY M.D., COST VERIFIED BY DRUGGIST. VERIFICATION IN COUNTY FILE.

IF NEED IN EXCESS OF \$60 A MONTH IS ESTABLISHED BY THE BUDGETARY METHOD, RECORD "AG 241 ON FILE". (THE VERIFICATION OF THOSE ITEMS OF NEED FOR WHICH VERIFICATION IS REQUIRED SHALL BE INCLUDED IN THE CASE RECORD.)

13. RECOMMENDATION OF COUNTY INVESTIGATOR (W&IC 2181)--The amount of aid recommended shall be in accordance with the OAS law and shall be based on net income, computed according to rulings set forth by the SDSW.
14. SIGNATURE OF COUNTY INVESTIGATOR--The certificate should be signed and dated by the county public assistance worker who makes the recommendation that aid be granted. The signature may be either the original or a facsimile.
15. SIGNATURE OF CASE SUPERVISOR OR DIRECTOR--The certificate should be signed and dated by the public assistance supervisor or county welfare director. The signature may be either the original or a facsimile.
16. ACTION BY THE BOARD OF SUPERVISORS--Name of the county, date of the action, amount of aid granted, and the beginning date of aid shall be shown.
17. SIGNATURE OF COUNTY CLERK OR DEPUTY--The certificate shall be signed by the county clerk or deputy, or chairman of the board of supervisors. The signature may be either the original signature or a facsimile.

REVERSE OF FORM

Under the heading "Reserve this Space for State" the county shall complete the following items:

State number

County and number

Full name

Check "new", "reapplication", or "transfer", whichever is applicable.

Information recorded on the back of the form should be identical with that recorded on the front. (W&IC 2140)

237-10 (Continued)

237-10

CONDITIONS OF ELIGIBILITY

HOW VERIFIED

6. ASSIGNMENT OF PROPERTY--(W&IC 2160 (G))

IF NO TRANSFER OF EITHER REAL OR PERSONAL PROPERTY WAS MADE FOR THE PURPOSE OF QUALIFYING FOR AID, ENTER "NO". IF THE FACTS DETERMINE THAT A TRANSFER WAS MADE TO QUALIFY FOR AID, INELIGIBILITY IS INDICATED. (SEE CHAPTER 130-00, REAL PROPERTY, AND CHAPTER 140-00, PERSONAL PROPERTY)

RECORD: (1) PERIOD COVERED BY THE PROPERTY SEARCH; AND (2) WHERE THE EVIDENCE MAY BE REVIEWED.

EXAMPLE: ASSESSOR'S RECORDS SEARCHED FOR (SPECIFY THE PERIOD) REPORT IN FILE. (IF THE INVESTIGATION SHOWS THAT A TRANSFER OF PROPERTY OF A VALUE GREATER THAN THE MAXIMUM SET BY LAW, OR OF PROPERTY WHICH REDUCES THE VALUE OF REMAINING PROPERTY WITHIN THE MAXIMUM, WAS MADE BUT IT WAS ONE WHICH WAS NOT IN VIOLATION OF W&IC 2160 (G), THE FACTS WHICH RESULTED IN THIS CONCLUSION SHALL BE INCLUDED IN THE CASE RECORD.)

7. PERSONAL PROPERTY--(W&IC 2163)

DEDUCT FROM THE TOTAL MARKET VALUE OF PERSONAL PROPERTY ALL ENCUMBRANCES OF RECORD AGAINST THE VARIOUS ITEMS OF PERSONAL PROPERTY AND ENTER THE NET TOTAL MARKET VALUE OF PERSONAL PROPERTY IN THE FIRST SPACE, AND THE AMOUNT OF CASH WHICH IS INCLUDED IN THAT TOTAL IN THE SECOND SPACE. IF INVESTIGATION INDICATES THERE IS NO PERSONAL PROPERTY, STATE "NONE". THIS ITEM REFERS TO THE APPLICANT ONLY AND INCLUDES THE APPLICANT'S SHARE OF COMMUNITY PERSONAL PROPERTY, AND THE AMOUNT OF ANY SEPARATE PERSONAL PROPERTY WHICH HE MAY POSSESS. THE SPOUSE'S SHARE OF COMMUNITY PERSONAL PROPERTY AND ANY SEPARATE PERSONAL PROPERTY OWNED BY HIM IS NOT INCLUDED AS IT IS NOT A CONSIDERATION IN DETERMINING THE APPLICANT'S ELIGIBILITY FROM POINT OF VIEW OF PERSONAL PROPERTY. (SEE CHAPTER 140-00, PERSONAL PROPERTY.)

RECORD: (1) THE METHOD OF VERIFICATION, (2) DATE OF VERIFICATION, (3) LOCATION OF EVIDENCE.

EXAMPLE: LETTERS (GIVE DATES) FROM DUN & BRADSTREET, AND FROM BANK OF AM. (GIVE DATES) ON FILE.

IF THE APPLICANT DECLARES HE HAS NO PERSONAL PROPERTY, THE INVESTIGATION DISCLOSES NONE, AND THE APPLICANT'S SIGNED CONSENT AUTHORIZING INVESTIGATION (FORM AG 228) IS ON FILE, RECORD: DECLARED NONE; SIGNED FORM AG 228 ON FILE.

8. REAL PROPERTY OF APPLICANT--(W&IC 2164)

THIS ITEM REFERS TO REAL PROPERTY OWNED BY A SINGLE OR WIDOWED APPLICANT OR ONE WHO HAS A FINAL DECREE OF DIVORCE. DEDUCT FROM THE TOTAL COUNTY ASSESSED VALUE OF REAL PROPERTY THE TOTAL OF ALL ENCUMBRANCES OF RECORD AND ENTER THE TOTAL NET ASSESSED VALUE AS VERIFIED. IF THE APPLICANT IS MARRIED, SO STATE AND ENTER "DOES NOT APPLY". (SEE CHAPTER 130-00, REAL PROPERTY.)

REFER TO THE PROPERTY SEARCH, AND STATE THE LOCATION OF THE EVIDENCE. REFERENCE TO CORRESPONDENCE IS ADDED WHEN OWNERSHIP OF PROPERTY OUTSIDE THE COUNTY HAS BEEN VERIFIED.

EXAMPLE: SEARCH OF CURRENT ASSESSOR'S RECORD; REPORT ON FILE. LETTER ALAMEDA CO. ASSESSOR IN FILE.

9. REAL PROPERTY OF APPLICANT AND SPOUSE--(W&IC 2165)

THIS ITEM REFERS TO PROPERTY OWNED BY EITHER AND/OR BOTH OF A COUPLE. (FOR EXCEPTION SEE SEC. 131-18). DEDUCT FROM THE TOTAL COUNTY ASSESSED VALUE OF ALL SUCH REAL PROPERTY THE TOTAL OF ALL ENCUMBRANCES OF RECORD AND ENTER THE TOTAL NET ASSESSED VALUE AS VERIFIED. IF THE APPLICANT IS SINGLE, WIDOWED OR DIVORCED, SO STATE AND ENTER "DOES NOT APPLY". (SEE CHAPTER 130-00 REAL PROPERTY.)

REFER TO PROPERTY SEARCH, AND STATE THE LOCATION OF THE EVIDENCE. REFERENCE TO CORRESPONDENCE IS ADDED WHEN OWNERSHIP OF PROPERTY OUTSIDE THE COUNTY HAS BEEN VERIFIED.

EXAMPLE: SEARCH OF CURRENT ASSESSOR'S RECORDS; REPORT ON FILE. LETTER FROM ALAMEDA COUNTY ASSESSOR IN FILE.

(Section Continued on Next Page)

237-50 (Continued)

237-50

Eligibility Requirements

Proof of Eligibility

2. AGE (ANB, APSB)

A. RECORD "YES" OR "NO". (SEE SEC. 106-05, PROOF OF AGE REQUIRED IN ANB AND APSB.)

B. RECORD BIRTH DATE AS IT APPEARS ON APPLICATION IF APPLICANT IS OVER 21 YEARS OF AGE OF VERIFIED BIRTH DATE IF UNDER 21 YEARS OF AGE.

3. RESIDENCE (ANB, APSB)

A. AND B. RECORD ONLY THE VERIFIED NUMBER OF YEARS RESIDENCE IN STATE AND COUNTY. (SEE SEC. 121-10, BLIND WHILE NOT A RESIDENT OF CALIFORNIA; SEC. 121-15, BLIND WHILE A CALIFORNIA RESIDENT; SEC. 122-00, COUNTY RESIDENCE-GENERAL; SEC. 122-05, COUNTY RESIDENCE; AND SEC. 129-00, DETERMINATION OF STATE AND COUNTY RESIDENCE; AND SEC. 232-10, AFFIDAVIT REGARDING RESIDENCE OF APPLICANT.)

C. RECORD VERIFIED DATE RESIDENCE ESTABLISHED IN COUNTY OF APPLICATION. (SEE SEC. 122-15, NON-COUNTY RESIDENCE; SEC. 232-00, NON-COUNTY RESIDENCE PROCEDURE; AND SEC. 232-05, APPLICANT'S AFFIDAVIT OF INTENT AS TO RESIDENCE IN NON-COUNTY CASES.)

4. PUBLIC INSTITUTION (ANB, APSB)

A. RECORD "YES" OR "NO", AS VERIFIED. (SEE SEC. 162-05, ELIGIBILITY OF PUBLIC INSTITUTION INMATES AND PAROLEES.)

IF ANSWER IS "YES", RECORD APPROXIMATE DATE OF RELEASE.

PRIVATE INSTITUTION (ANB)

WHEN THE APPLICANT IS AN INMATE OF A HOME OR INSTITUTION MAINTAINED BY A FRATERNAL, BENEVOLENT, OR OTHER NON-PROFIT ORGANIZATION, AMEND ITEM 4 AND 4A BY BLOCKING OUT THE WORD "PUBLIC" AND SUBSTITUTING "PRIVATE", AND INSERT "YES". THIS ITEM DOES NOT APPLY TO PRIVATE INSTITUTIONS OPERATED FOR PROFIT. (SEE CHAPTER 160-00, INSTITUTION INMATES)

A. AND B. RECORD NATURE, DATE, AND LOCATION OF EVIDENCE WHEN VERIFICATION IS REQUIRED.

EXAMPLE: "BIRTH CERT. (SPECIFY DATE) IN APPL'S POSSESSION."

IF VERIFICATION IS NOT REQUIRED, RECORD: "SWORN STATEMENT ON APPL. SEEN BY VISITOR, AND IT IS OBVIOUS HE IS MORE THAN 16 YEARS OF AGE."

A. AND B. RECORD THE NAME OF THE AFFIANT, DATE OF THE AFFIDAVIT, AND THAT IT HAS BEEN INCORPORATED INTO THE COUNTY FILE. IF AN AFFIDAVIT IS UNOBTAINABLE RECORD METHOD OF VERIFICATION OF RESIDENCE.

EXAMPLE: "AFF. JOHN DOE (SPECIFY DATE) ON FORM BL 221 IN COUNTY FILE."

C. RECORD NATURE, DATE, AND LOCATION OF EVIDENCE.

EXAMPLE: "AFF. JOHN DOE (SPECIFY DATE) VERIFYING RES. IN STATE 11 YRS. AND IN COUNTY SINCE (SPECIFY DATE) ON FORM BL 221 SUBMITTED HEREWITH COPIES IN COUNTY FILE. APPL'S AFF. (SPECIFY DATE) ON FORM BL 204 SUBMITTED HEREWITH, COPY IN COUNTY FILE."

A. AND B. IF APPLICANT NOT IN PUBLIC INSTITUTION, GIVE DATE AND PLACE OF LAST INTERVIEW.

EXAMPLE: "APPL. SEEN AT HOME (OR IN OFFICE) BY WORKER (SPECIFY DATE), REPORT IN COUNTY FILE."

IF IN PUBLIC INSTITUTION, GIVE DATE OF WORKER'S VISIT AND PROBABLE DATE OF DISCHARGE.

EXAMPLE: "SEEN IN INSTITUTION BY WORKER (SPECIFY DATE), TO BE RELEASED UPON RECEIPT OF AID; REPORT IN COUNTY FILE."

IF IN PRIVATE NON-PROFIT INSTITUTION, RECORD DATE VISITED IN INSTITUTION AND NAME OF INSTITUTION, NATURE, DATE, AND LOCATION OF EVIDENCE.

EXAMPLE: OUR LADY'S HOME INSTITUTION RECORDS AND INTERVIEW APPLICANT AND SUPT. (SPECIFY DATE) INDICATE NO CONTRACT; COPY DEMAND FOR B/R, \$_____ PER MO. COUNTY FILE.

(Section Continued on Next Page)

**237-50 INSTRUCTIONS FOR COMPLETION OF CERTIFICATE OF VERIFICATION
OF ELIGIBILITY**
ANB, APSB

237-50

Instructions for completion of the Certificate of Verification of Eligibility (Form Bl 201) follow:

NAME--The full name of the applicant shall be recorded. It should be identical with the full name of the applicant as shown on the Application (Form Bl 200).

COUNTY NUMBER--The county number should be shown on all Forms Bl 201 when they are sent to SDSW.

FORMER STATE NUMBER--If the case is a transfer or a reapplication, enter the state number which was formerly assigned to the case.

STATE NUMBER--Enter the state number assigned to the case after aid has been granted. (See Sec. 700-05, Assignment of State Numbers)

NON-COUNTY CASE--Check in the square provided if the application is submitted on a non-county basis.

ELIGIBILITY REQUIREMENTS--

Only verified data should appear in the left-hand column under this heading. Information given by the applicant or others which is not substantiated by proof on file should not be recorded here.

PROOF OF ELIGIBILITY--

The data recorded in the right-hand column under this heading must conform with the verified data shown in the column under Eligibility Requirements. Under each item record nature of evidence, date and place where it may be reviewed. Brief, concise statements are desired. Complete sentences are not required provided the verified data are clearly set forth.

Eligibility Requirements

Proof of Eligibility

1. BLINDNESS (ANB, APSB)

A. RECORD "YES" OR "NO". (SEE SECS. 180-15, DETERMINATION OF DEGREE OF BLINDNESS; 180-20, REVIEW OF EYE EXAMINATION REPORTS; AND SEC. 235-00, PHYSICIANS' REPORTS OF EYE EXAMINATION.)

B. RECORD "YES" OR "NO". (SEE SEC. 180-30, PROOF THAT BLINDNESS OCCURRED WHILE APPLICANT WAS CALIFORNIA RESIDENT.)

VERIFICATION OF THIS ITEM REQUIRED ONLY IF EVIDENCE OF RESIDENCE IN STATE FOR FIVE YEARS WITHIN LAST NINE AND ONE YEAR IMMEDIATELY PRECEDING DATE OF APPLICATION IN ANB OR 10 YEARS IMMEDIATELY PRECEDING DATE OF APPLICATION IN APSB IS NOT OBTAINED

A. RECORD NAME OF PHYSICIAN MAKING EYE EXAMINATION, DATE OF EXAMINATION, AND INDICATE COPY OF REPORT RETAINED IN COUNTY FILE.

EXAMPLE: "REPORT DR. JAMES ROE (DATE OF REPORT) ON FORM BL 227 SUBMITTED TO SDSW; COPY IN COUNTY FILE."

B. RECORD NATURE, DATE, AND LOCATION OF EVIDENCE. EXAMPLE (IF ANSWER IS "YES"):

"NAT. CASH REGISTER EMPLOYMENT RECORD AS ACCOUNTANT 1939 TO 1947. LETTER (DATE OF LETTER) IN COUNTY FILE."

EXAMPLE (IF ANSWER IS "NO"):

"SEE VERIFICATION OF RESIDENCE UNDER ITEM 3"

(Section Continued on Next Page)

237-50 (Continued)

237-50

Eligibility Requirements

Proof of Eligibility

D. INCOME (ANB, APSB)

ITEMIZE NET INCOME TO APPLICANT, SHOWING SOURCE AND AMOUNT, AS VERIFIED.

IF APPLICANT DECLARES NO INCOME AND INVESTIGATION VERIFIES THIS STATEMENT, RECORD "NONE".

D. RECORD METHOD OF VERIFICATION, DATE, AND LOCATION OF EVIDENCE.

EXAMPLE: "TENANT INTERVIEWED (SPECIFY DATE); SON JOHN GIVES \$5 CASH, FORM BL 225 (SPECIFY DATE) IN CO. FILE; APPL'S SHARE MTG. PAYMENTS \$3 PER MO. PER LETTER BLDG. AND LOAN ASS'N (SPECIFY DATE) IN COUNTY FILE, NET OCCUPANCY VALUE OF HOME \$2. REPORT IN CO. FILE."

EXAMPLE: "BOOKS OF ACCT. INSPECTED BY WORKER ON (SPECIFY DATE). REPORT IN COUNTY FILE. EMPLOYER INTERVIEWED (SPECIFY DATE) REPORT IN CO. FILE."

EXAMPLE: "APPL. HAS NO INCOME; REPORT OF INVESTIGATION (SPECIFY DATE) IN COUNTY FILE."

E. NEED IN EXCESS OF MAXIMUM GRANT PER MONTH (ANB)

IF APPLICANT'S NEED IS IN EXCESS OF MAXIMUM GRANT PER MONTH, RECORD AMOUNT OF THE ADDITIONAL NEED, AS VERIFIED. (SEE SECS. 156-25, DEFINITION AND DETERMINATION OF NEEDS IN EXCESS OF BASIC CONTINUING NEEDS IN ANB, 156-30, PROCEDURE FOR ESTABLISHING NEED IN EXCESS OF BASIC CONTINUING NEEDS IN ANB; AND 156-40, METHOD OF REPORTING NEED IN EXCESS OF BASIC CONTINUING NEEDS IN ANB.)

E. EXPLAIN NEED IN EXCESS OF MAXIMUM GRANT PER MONTH, SHOWING METHOD OF VERIFICATION, DATE, AND LOCATION OF EVIDENCE.

EXAMPLE: "NEED FOR MEDICINE \$3 AND DOCTOR'S CARE \$4 PER MO. LETTER DR. ERNEST BAILEY (SPECIFY DATE) IN COUNTY FILE."

RESPONSIBLE RELATIVES (ANB, APSB)

INDICATE WHETHER APPLICANT IS RECEIVING A CONTRIBUTION IN CASH OR IN KIND FROM LEGALLY RESPONSIBLE RELATIVES.

(SEE 172-05, INVESTIGATION OF RESPONSIBLE RELATIVES WITHIN STATE; AND SEC. 172-15, DETERMINATION REGARDING CONTRIBUTIONS FROM OUT-OF-STATE RESPONSIBLE RELATIVES, 172-00, RELATIVES, STATUTORY PROVISIONS.)

RECORD NATURE, DATE, AND LOCATION OF EVIDENCE.

EXAMPLE: "LETTER TO DAU. MARY SMITH (SPECIFY DATE) RETURNED UNCLAIMED; CONTACT MADE WITH ALL OTHER LEGALLY RESP. RELATIVES. FORM BL 225 OR REPORT OF INTERVIEWS IN COUNTY FILE; SON, JOHN, PROVIDES FREE RENT."

8. REHABILITATION (ANB, APSB)

A. RECORD "YES" OR "NO", AS VERIFIED. (SEE SEC. 233-50, VERIFICATION OF PLAN FOR SELF-SUPPORT, APSB, SEC. 233-55, VERIFICATION OF PLAN FOR REHABILITATION (ANB); AND SEC. 142-05, LIMITATIONS ON PERSONAL PROPERTY.)

B. RECORD TYPE OF TRAINING.

C. RECORD "YES" OR "NO" AS VERIFIED.

D. RECORD TYPE OF ENTERPRISE.

RECORD METHOD OF VERIFICATION, DATE, AND LOCATION OF EVIDENCE.

EXAMPLE: "INTERVIEW WITH APPL. AT HIS VENDING STAND (SPECIFY DATE); LETTER FROM BUREAU OF REHAB. (SPECIFY DATE) IN COUNTY FILE. FORM BL 244 DATED (SPECIFY DATE) SUBMITTED HEREWITH, COPY IN CO. FILE."

EXAMPLE: "NOT POSSIBLE AT PRESENT DUE TO HEALTH; INTERVIEW WITH APPL. (SPECIFY DATE), REPORT IN CO. FILE."

EXAMPLE: "DOES NOT APPLY."

(Section Continued on Next Page)

237-50 (Continued)

237-50

Eligibility Requirements

Proof of Eligibility

5. PROPERTY ASSIGNMENT (ANB, APSB)

IF NO TRANSFER HAS BEEN MADE, RECORD "NO". IF A RECENT TRANSFER HAS BEEN MADE, BUT NOT FOR THE PURPOSE OF QUALIFYING FOR AID, RECORD "NO" (SEE SECS. 155-00, TRANSFER OF REAL PROPERTY TO QUALIFY FOR AID; 135-70, DETERMINATION OF REASON FOR VOLUNTARY TRANSFER OF PROPERTY; 135-40, REAL PROPERTY SEARCH; 146-10, TRANSFER OR ASSIGNMENT OF PERSONAL PROPERTY; 135-60, INVESTIGATION REQUIRED OF TRANSFER OF PROPERTY; 135-75, TRANSFER OF REAL PROPERTY WHEN FORECLOSURE IMMINENT; AND 135-85, TRANSFER OF REAL PROPERTY TO SATISFY DEBT.)

RECORD METHOD OF VERIFICATION, DATE, AND LOCATION OF EVIDENCE.

EXAMPLE: ASSESSOR'S RECORDS SEARCHED FOR (SPECIFY PERIOD) REPORT IN FILE. (IF THE INVESTIGATION SHOWS THAT A TRANSFER OF PROPERTY OF A VALUE GREATER THAN THE MAXIMUM SET BY LAW OR OF PROPERTY WHICH REDUCED THE REMAINING PROPERTY WITHIN THE MAXIMUM WAS MADE, BUT IT WAS ONE WHICH WAS NOT FOR THE PURPOSE OF QUALIFYING FOR AID, THE FACTS WHICH RESULTED IN THIS CONCLUSION SHALL BE INCLUDED IN THE CASE RECORD.)

6. NEED (ANB, APSB)

A. RECORD THE ASSESSED VALUE OF APPLICANT'S REAL PROPERTY, AS VERIFIED. (SEE SEC. 135-40, REAL PROPERTY SEARCH.)

RECORD THE AMOUNT OF ENCUMBRANCE AGAINST SUCH REAL PROPERTY, AS VERIFIED. (SEE SEC. 132-03, ENCUMBRANCES OF RECORD DEDUCTED FROM ASSESSED VALUE OF REAL PROPERTY.)

IF INVESTIGATION VERIFIES APPLICANT OWNS NO REAL PROPERTY, RECORD "NONE".

A. RECORD METHOD OF VERIFICATION, DATE AND LOCATION OF EVIDENCE

EXAMPLE: ASSESSOR'S REC. SEARCHED (SPECIFY PERIOD); LETTER BLDG. & LOAN CO. (SPECIFY DATE) AND REPORT IN COUNTY FILE. LETTER ALA. CO. ASSESSOR IN CO. FILE."

B. RECORD COUNTY ASSESSED VALUE OF APPLICANT'S PERSONAL PROPERTY, AS VERIFIED. (SEE SEC. 141-00, TYPES OF PERSONAL PROPERTY; SEC. 141-15, DETERMINATION OF OWNERSHIP OF PERSONAL PROPERTY; AND SEC. 140-00, PROVISIONS OF THE W&IC REGARDING PERSONAL PROPERTY.)

RECORD THE AMOUNT OF ENCUMBRANCES AGAINST APPLICANT'S PERSONAL PROPERTY AS VERIFIED. (SEE SEC. 143-15, ENCUMBRANCES ON PERSONAL PROPERTY.)

IF VERIFIED BY INVESTIGATION THAT APPLICANT OWNS NO PERSONAL PROPERTY, RECORD "NONE".

B. RECORD METHOD OF VERIFICATION, DATE AND LOCATION OF EVIDENCE.

EXAMPLE: "ASSESSOR'S REC. SEARCHED (SPECIFY PERIOD). BANK OF AMERICA HOLDING CHATTEL MTG. INSPECTED (SPECIFY DATE); REPORT IN COUNTY FILE."

C. RECORD AMOUNT OF ASSESSED VALUE OF VARIOUS SECURITIES AND CASH SURRENDER VALUE OF NON-EXEMPT INSURANCE OWNED BY APPLICANT, AS VERIFIED, AND SHOW TOTAL AMOUNT. (SEE SECS. 142-05, LIMITATION ON PERSONAL PROPERTY, AND 143-10, DETERMINATION OF VALUE OF PERSONAL PROPERTY.)

IF APPLICANT HAS NO CASH OR SECURITIES, RECORD "NONE".

C. RECORD METHOD OF VERIFICATION, DATE AND LOCATION OF EVIDENCE.

EXAMPLE: "LETTERS IN CO. FILE BANK OF AMERICA (SPECIFY DATE) BLDG. AND LOAN CO. (SPECIFY DATE); EXAM. OF INS. POLICIES BY COUNTY WORKER; REPORT IN COUNTY FILE."

EXAMPLE: "APPL. DECLARES NONE. FORM BL 228 SIGNED (SPECIFY DATE) IN COUNTY FILE."

(Section Continued on Next Page)

237-50 (Continued)

237-50

IDENTIFYING DATA (ANB, APSB)

In the section on the reverse of Form BI 201 headed "Reserve this Space for State" the county shall complete the following items:

State number

County

County number

Full name of applicant

Check "new", "reapplication", or "transfer", whichever is applicable.

Information recorded on the back of the form should be identical with that recorded on the front. (W&IC 3075, 3460)

237-75 INSTRUCTIONS FOR THE USE AND COMPLETION
OF THE CERTIFICATE OF VERIFICATION
OF ELIGIBILITY
ANC

Page 1 of 237-75

WHEN REQUIRED

- 1) A certificate of eligibility, Form CA 201, shall be submitted for all the children of a family for whom application is made even though the basis of their eligibility may be different. ("Children of a family" means children of a common parent who live in the same household or children of a common parent who ordinarily live in the same household but who are placed in a boarding home, the home of a relative, or an institution.) When the children listed on an application (Form CA 200) do not have a common parent a separate certificate of eligibility (Form CA 201) is required for each set of children.
- 2) A separate certificate of eligibility shall be submitted for a child whose name appeared on the original application but for whom ANC is granted by a separate subsequent action of the board of supervisors. (See Sec. 611-50, Beginning Date of Aid - New Applications) Under Additional Children (at end of this section) instructions are given for completion of certificate of eligibility for the additional child.

(Section Continued on Next Page)

237-50 (Continued)

237-50

9. CERTIFICATION AND RECOMMENDATION (ANB, APSB)

- A. Indicate whether the applicant qualifies for ANB or APSB and the amount of aid recommended. The amount of aid recommended shall be in accordance with the ANB and APSB laws and the rules and regulations of the SDSW.
- B. Leave blank when approval of aid is recommended. When denial of aid is recommended, the specific reason for denial shall be recorded.

10. SIGNATURE OF COUNTY WORKER (ANB, APSB)

The county public assistance worker making the investigation should sign Form BI 201 and give date of completion of investigation. The signature may be either the original or a facsimile.

11. SIGNATURE OF COUNTY CASE SUPERVISOR OR DIRECTOR (ANB, APSB)

The Form BI 201 should be signed and dated by the county public assistance case supervisor or county welfare director. The signature may be either the original or a facsimile.

12. APPROVAL BY THE BOARD OF SUPERVISORS (ANB, APSB)

Name of county, date of action, amount of aid approved, and date of beginning aid shall be shown.

13. DENIAL BY THE BOARD OF SUPERVISORS (ANB, APSB)

Leave blank when approval of aid is recommended. When denial of aid is recommended, show complete action of the board of supervisors, name of county, and date of action.

14. SIGNATURE OF COUNTY CLERK OR DEPUTY (ANB, APSB)

Form BI 201 shall be signed by the county clerk or deputy (or chairman of the board of supervisors). The signature may either be the original or a facsimile.

(Section Continued on Next Page)

563-52 DISCONTINUANCE FROM OAS AND ANB BECAUSE OF INSTITUTIONAL CARE UNDER W&IC SECS. 2160.7 (OAS) AND 3044.1 (ANB) 563-52
OAS, ANB

Report cases discontinued from OAS or ANB, because of institutional care, in Item 9 on the Monthly Statistical Report (Forms Ag, Bl 237) for the month in which the last OAS or ANB payment is made. (W&IC 115, 116, 2160.7, 3044.1)

563-54 RESTORATION OF FORMER OAS AND ANB RECIPIENTS UPON RELEASE FROM A COUNTY HOSPITAL OR INFIRMARY 563-54
OAS, ANB

Report in Items 2, 3, 4, 4A, 7 and 7B or 7C (Ag, Bl 237) the former OAS or ANB recipients for whom the county has been claiming under W&IC Sec. 2160.7 (OAS) or Sec. 3044.1 (ANB), and who are restored to OAS or ANB because of release from a county institution. Report such cases as applications (Items 2, 3, 4 and 4A) and as cases approved (Items 7 and 7B or 7C) in the month in which the county delivers the first OAS or ANB warrant after restoration. (W&IC 115, 116)

564-05 SCOPE OF THE GR 237 REPORT 564-05

The Monthly Statistical Report on General Relief (Form GR 237) provides for the reporting of case movement and expenditures from general relief or county indigent funds. Note that this report differs from the other monthly statistical reports (Forms Ag, Bl, CA 237) in that the movement of applications is not included. (W&IC 115, 116, 2506)

564-15 COMPLETION OF EACH ITEM ON FORM GR 237 564-15

Each item of the Form GR 237 shall have an entry. Enter "NR" (no record) if the information is applicable but not available. Enter a dash (-) if the information is not applicable. Enter "O" if the information is applicable but no count was recorded for the month. (W&IC 115, 116, 2506)

564-22 DEFINITION OF GENERAL RELIEF REPORTED ON GR 237 REPORT 564-22

General Relief, for the purposes of this report, consists of all assistance paid to recipients from county indigent funds except county supplemental aid paid to ANC cases (See Form CA 237, Items 11B, 11B(1), and 11B(2)). It includes hospitalization and other medical and dental care extended to OAS, ANB, APSB, and ANC cases that is separate and distinct from the regular monthly grant. Payments from county indigent funds to certified relief workers on work relief projects authorized and operated by the agency administering the General Relief program are also included.

The list below specifies the types of assistance excluded from the GR 237 report:

1. OAS, ANB, APSB, and ANC payments (reported on Form Ag, Bl, and CA 237).
2. County supplemental aid (other than medical) from General Relief funds extended to ANC cases; such aid is reported on the Form CA 237 in items 11B, 11B(1), and 11B(2).
3. Relief from private sources.
4. Institutional programs. (W&IC 115, 116, 2506)

563-42 PAYMENTS CLAIMED BY COUNTY FOR INSTITUTIONAL CARE OF FORMER OAS AND ANB RECIPIENTS 563-42
OAS, ANB

Section D of the Monthly Statistical Report (Forms Ag, Bl 237) is provided for reporting information on former OAS and ANB recipients who are receiving institutional care under the conditions set forth in Sec. 165-00, Subvention for Hospital or Infirmary Care. (W&IC 115, 116, 2160.7, 3044.1)

563-44 Item 12. NUMBER OF CASES 563-44
OAS, ANB

Report on Forms Ag, Bl 237 the number of former OAS or ANB recipients for whom the county claims payment from the state for hospital or infirmary care in a county institution during the month being reported.

Enter "0" or "none" if there are no cases, but do not leave this item blank. (W&IC 115, 116, 2160.7, 3044.1)

563-46 Item 13. TOTAL AMOUNT CLAIMED FROM THE STATE FOR THIS MONTH 563-46
OAS, ANB

Report on Forms Ag, Bl 237 the total state share of the OAS or ANB grants the former recipients received in the month they were admitted to the county institution.

Item 13, Ag 237, is comparable to the entry in Item 5, Column A, Form Ag 800-H, and Item 13, Bl 237, is comparable to Item 5, Column A, Form Bl 800-H. For detailed instructions on the computation of the state payments see Sec. 627-25, County Institutional Claim under W&IC, Secs. 2160.7 and 3044.1. (W&IC 115, 116, 2160.7, 3044.1)

563-48 SPECIAL INSTRUCTIONS FOR REPORTING DISCONTINUANCES AND RESTORATIONS OF OAS AND ANB WHEN PAYMENT IS CLAIMED BY THE COUNTY FOR INSTITUTIONAL CARE 563-48
OAS, ANB

Sections 563-52 and 563-54 refer to the monthly statistical reporting (Forms Ag, Bl 237) of discontinuances and restorations of OAS and ANB when the county claims payment from the state (under W&IC, Secs. 2160.7 and 3044.1) for hospital or infirmary care in a county institution.

The procedure outlined is an exception to the general rule (see Secs. 561-40 and 562-40) for reporting restorations and discontinuances in the month of action by the board of supervisors. (W&IC 115, 116, 2160.7, 3044.1)

564-28 SECTION A - REQUESTS FOR GENERAL RELIEF DURING MONTH

564-28

Section A is designed to provide a count of the number of requests for General Relief with an analysis of residence status and recurrence of requests.

Financial assistance means aid in cash or kind.

Requests for financial assistance are to be reported even if rejected at first contact (e.g., by clerical receptionist) on grounds of obvious ineligibility.

Additional calls at the agency regarding pending requests are not to be counted as additional requests.

Item 1. Total requests for financial assistance during month - Enter the total number of requests (cases and persons) for General Relief during the month. Include all requests of any nature for financial assistance (except by categorical aid applicants not requiring aid during investigation of eligibility).

Item 1-A. New: Have not requested or received financial assistance during last 12 months - Enter the number of requests by individuals or families who have not requested or received financial assistance from your county under the General Relief program during the last 12 months.

Item 1-B. Repeat Requests: Previously requested or received financial assistance during last 12 months - Enter the number of individuals or families who have requested or received financial assistance during the last 12 months.

Item 2. Analysis of requests shown in Item 1 - This item is the sum of items 2A, 2B, and 2C; it must also equal Item 1.

Item 2-A. Appear to have state residence - Enter the number of individuals or family heads who appear to meet all state residence requirements in accordance with W&IC 2555.

(1) Appear to have residence in county of request. Enter the number of individuals or family heads reported under 2-A who appear to be residents of your county in accordance with W&IC 2556.

Item 2-B. Appear not to have state residence - Enter the number of individuals or family heads who appear not to meet all state residence requirements in accordance with W&IC 2555.

Item 2-C. Residence not considered - Enter the number of requests in which residence was not considered because not relevant to the situation.

Item 3. Requests for financial assistance rejected during month - Enter the total number of requests (cases and persons) for financial assistance during the month which were rejected for whatever reason. Include under rejections referrals to other agencies of cases in which financial assistance was requested of your agency but not given. (W&IC 115, 116, 2506)

**564-25 GENERAL INSTRUCTIONS FOR TYPE OF RELIEF REPORTED IN
SECTIONS A, B, C, D, AND E ON FORM GR 237****564-25**

The GR 237 report is divided into five sections, A, B, C, D, and E. Section A is intended to record the number of requests filed each month for General Relief with a brief analysis as to residence and recurrence of requests. In Sections B and C are reported data on "General Home Relief", i.e., non-medical General Relief paid to recipients in their homes (except county supplemental aid paid to ANC families and children). In Section C cases, persons, and obligations incurred are segregated according to type of case.

Section D is used to report the amount of money and the number of OAS, ANB, or APSB persons who are receiving supplementation from county funds in addition to their regular grant of aid under the particular aid category. Supplementation of ANC payments is not to be included on this report.

In Section E is reported non-medical General Relief paid to or for individuals living in institutions, care in boarding homes for children (other than ANC) and adult persons (other than OAS, ANB, or APSB), short-term care such as occasional meals and overnight lodging, medical relief, burials, and other miscellaneous expenses which are paid from county indigent funds but are not defined by instructions for Sections B and C.

Cases, persons, and expenditures reported in Sections B and C are never reported simultaneously in Section E unless the case, or person, in question was receiving both types of General Relief during the month. For Example, a child, ineligible for ANC, who is a member of a family receiving General Relief, is transferred to a boarding home (paid from county General Relief funds) on January 15. The child will be reported in Sections B and C of the January Form GR 237 because he was a recipient of General Home Relief from January 1 to January 15. He will also be reported in Section E of the January Form Gr 237 because he was in a boarding home paid from county funds during the latter half of the month. However, on the February Form Gr 237 he will be omitted from Sections B and C, and will be counted only in Section E, regardless of the fact that the remainder of his family is still reported in Sections B and C.

The number of persons included in cases is to be reported, as well as number of cases, wherever lines are provided on the form for such entries. (W&IC 115, 116, 2506)

564-30 (Continued)

564-30

Item 4. Total discontinued during month - Enter the number of cases (and persons included) which were discontinued during the month but which were active at some time during the month. If payments are withheld or suspended, but the case is not formally discontinued, the case should be reported in Item 3-B. Suspended cases should not be reported as discontinued until the month in which formal discontinuance is effected according to the procedure adopted in the county.

Cases discontinued during the month are classified under Items 4-A through 4-L according to the reason for discontinuing General Home Relief. Do not count a case as discontinued when one member of a family case is being discontinued from General Home Relief during the month, but one or more members will continue to benefit from General Home Relief. In such instances the persons being discontinued but not the cases are to be included in Item 4.

Where cases are discontinued for more than one reason they should be classified according to the principal reason only.

Item 4-A. Death - Enter the number of cases in which the recipient died or the death of a person included in the General Relief case decreases the need sufficiently to discontinue the case. Do not include here cases discontinued because the death of a person brings in resources for the remaining persons in the case. Such a case should be recorded under Item 4-D, "Other change in economic circumstances".

Item 4-B. Employment or increased earnings - Enter the number of cases in which the family's need for assistance has decreased because of employment or increased earnings. Employment includes self-employment. The increase in earnings may result from higher wages or fuller employment.

Item 4-C. Support from relatives or friends - Enter here cases in which the family's need for assistance has decreased by reason of new or increased support from relatives or friends.

Item 4-D. Other change in economic circumstances - Enter here cases in which the family's need for assistance has decreased because of changes in economic circumstances other than those specified in Items 4B and 4C.

(Section Continued on Next Page)

564-30 CASES APPROVED FOR GENERAL HOME RELIEF (SECTION B OF FORM GR 237) 564-30

Section B is to be used to report action taken on all General Home Relief cases during a given month. It includes cases given relief before investigation is completed as well as cases already approved for General Home Relief. Section B does not include short-term care (covering a period of three days or less); report such aid in Section E, Item 6.

Count a case only once during the month even though more than one payment or order may have been issued either to the case or for the benefit of the case.

Item 1. Continued from last month - Enter the number of cases (and persons included) which were reported in Item 5 of the preceding month's report unless a correction is being made for an error in the case count of the preceding month. If there is a correction, the specific reason should be entered on the reverse side of the GR 237 report.

Item 2. Total added during month - Enter the number of cases (and persons included) which were made active for General Home Relief during the month. (This item must equal the sum of Items 2-A and 2-B.) Include the following cases:

1. Regularly approved General Relief cases.
2. Cases given relief pending approval for General Relief (not to be confused with short-term care) or categorical aid.

Do not include in Item 2 cases for whom General Relief payments are being resumed during the month after a period of temporary suspension of relief (unless actually discontinued). During the time of suspension report such cases in Item 3-B.

Item 2-A. New: Never previously received General Home Relief - Enter the number of cases added during the month that had never previously been extended General Home Relief in the county.

Item 2-B. Restored: Previously received General Home Relief - Enter the number of cases added during the month which had previously been discontinued from General Home Relief in the county.

Item 3. Total active during month - Enter the sum of Items 1 and 2. (Show cases and persons included.) Cases active during the month are classified under Items 3-A and 3-B according to whether or not General Home Relief was extended during the month. Item 3 must equal the sum of Items 3-A and 3-B as well as the sum of Items 1 and 2.

Item 3-A. Received General Home Relief - Enter the number of cases to which General Home Relief was extended during the month. This item should equal the total number of cases reported in Item 1, Column 1, Section C.

Item 3-B. Received no General Home Relief - Enter the number of cases active during the month to which no General Home Relief was extended during the month.

(Section Continued on Next Page)

564-30 (Continued)

564-30

Item 4-K. Lost contact - Enter here all cases discontinued because no further contact is had with the case; e.g., individual failed to return to office to request further assistance.

Item 4-L. Other - Enter here discontinuances which cannot be classified by the above reasons.

Item 5. Continued to next month - Enter the number of cases (and persons included) open on the last day of the month and which are to be continued as approved for General Home Relief to the following month. This item must equal the difference between Item 3 and Item 4. (W&IC 115, 116, 2506)

**564-40 OBLIGATIONS INCURRED FOR GENERAL HOME RELIEF (SECTION C
OF FORM GR 237)**

564-40

Section C is to be used for reporting the number of cases and persons receiving General Home Relief by type of case as well as the cash and kind expenditures for these cases. Include only cases, and assistance to cases, in their homes. Amounts expended for General Home Relief cases (cases reported in Sections B and C) that are not regularly budgeted items, such as medical care, burials, etc., are to be reported in Section E.

Do not report in Section C cases receiving only the type of aid provided for under Section E nor the amount of such aid.

Obligations incurred for General Relief payments should be reported for the month in which the payments are authorized. For example, a General Relief payment provided on January 28, although it is intended to cover the needs of the case for February, should be included on the January GR 237 report. A grocery order, or any other payment in kind that is issued to the case in January is to be reported on the January GR 237 even though the bill may not be presented for payment by the grocery store for several months.

Grocery orders, or any other type of order that is issued by the quantity of the commodity rather than the cost, should be estimated in order that the GR 237 report may reflect the amount of obligations incurred during the month.

(Section Continued on Next Page)

564-30 (Continued)

564-30

Item 4-E. Change in law or agency policy - Enter here cases discontinued because a change in law or state or local administrative policy governing General Relief automatically makes the case ineligible at the time of the change although previously it was eligible. The whole group of cases which, though previously eligible, are discontinued because of a general reduction in assistance payments or a change in eligibility requirements such as the adoption of a minimum budget deficit necessary for assistance, should be included in this item.

This item applies only to cases automatically disqualified by the new law or policy. Do not include cases which could remain eligible but refuse to comply with the new regulations; such cases should be reported in Item 4-F, "Refusal to comply with agency policy."

Item 4-F. Refusal to comply with agency policy - Enter here cases discontinued for such reasons as refusal to assign insurance or give a lien on property in conformity with the agency's rules, or otherwise comply with established regulations. Include here cases closed because of refusal to comply with a regulation even if the regulation was adopted or modified after acceptance of the case.

Item 4-G. Excess property - Enter here cases discontinued because the value of real or personal property has increased beyond the maximum allowed by the agency.

Item 4-H. Admitted to institution - Enter here cases discontinued because of admission to an institution.

Item 4-I. Receipt of another type of public assistance - Enter here cases discontinued for General Relief because of the receipt of another type of public assistance. Old-age and survivors insurance, workmen's compensation, and unemployment compensation are not considered public assistance; cases in which need is decreased by the receipt of such resources should be entered in Item 4-D.

Item 4-J. Returned to legal residence - Enter here all cases discontinued because the individual or family has been returned to the place of legal residence. Do not include here cases returned to legal residence that received only short-term assistance (defined by Item 6 of Section E) or did not receive any assistance other than the cost of travel and maintenance incident to and/or incurred during travel.

(Section Continued on Next Page)

564-40 (Continued)

564-40

Col. 5. Total Obligations Incurred - Enter in this column the sum of Cols. 3 and 4 opposite Item 1. Enter total obligations incurred opposite Items 1A and 1B.

Information reported under Item 1 is classified in Items 1A and 1B according to the type of General Home Relief case.

Item 1A. Family cases - Enter information requested for cases in which the General Home Relief payment applies to the needs of more than one person in the same household. The total number of persons who are expected to receive direct benefit from the General Home Relief payment is included in the count of persons in Col. 2.

Item 1B. One-person cases - Enter information requested for cases in which the General Home Relief payment applies to the needs of one person only. The number of cases in Col. 1 will be the same as the number of persons in Col. 2.

The spouse of an OAS, ANB, or APSB recipient shall be reported as a one-person case unless other persons in the household are also benefiting from the General Home Relief payment.

The sum of Items 1A and 1B in Column 1 should equal the number of cases reported under Item 3A, Section B. (W&IC 115, 116, 2506)

564-45 SUPPLEMENTATION OF AID GRANTS UNDER OTHER PUBLIC ASSISTANCE PROGRAMS (SECTION D OF FORM GR 237)

564-45

Enter here financial assistance from county funds to OAS, ANB, or APSB recipients in excess of the maximum OAS, ANB, or APSB grant. Do not report cases receiving such county aid elsewhere on this or other statistical reports.

General Relief extended to applicants for aid under the OAS, ANB, APSB, or ANC laws during the investigation as to eligibility is not to be reported in this section. These cases are to be considered regular General Relief cases and reported as such under Sections B and C of Form GR 237.

Supplementation of ANC grants is not to be reported on this form but is to be reported on Form CA 237, Monthly Statistical Report on Aid to Needy Children. (W&IC 115, 116, 2506)

564-40 (Continued)

564-40

For relief extended in the form of earnings for work performed, report the amounts actually earned during all payroll periods ending within the month.

Commodities purchased in bulk for issuance to relief recipients are to be reported for the month during which they were actually issued to recipients regardless of the month in which the agency agreed to purchase the commodities or pay for them.

Item 1. Total Recipients - Enter in the appropriate columns information indicated below:

Col. 1. Cases - Enter the number of cases to which General Home Relief was given.

Col. 2. Persons - Enter the number of persons for whose benefit General Home Relief was given. This item should equal the number of persons in family cases plus the number of one-person cases.

Col. 3. Obligations Incurred in Cash - Enter the amount of obligations incurred for General Home Relief to be paid by check or in cash directly to recipients. Include amounts paid from General Relief (county indigent) funds to certified relief workers on work relief projects authorized and operated by the agency for persons in need.

Col. 4. Obligations Incurred in Kind - Enter all obligations incurred during the month for payments to recipients in the form of groceries, clothing, fuel, rent, services, etc.

Such obligations should include the following items:

- (1) The value of orders for commodities, i.e., food, clothing, fuel, etc.
- (2) The value of orders for shelter or for gas, electricity, and other utilities.
- (3) The purchase cost of commodities issued directly to cases. If commodities are distributed through a commissary, include also the amount of obligations incurred for operating the commissary during the month. If the county owns a commissary, the cost of plant and equipment is not to be reported in the month in which the items are purchased, but the value is to be distributed over the life of the items and appropriate shares charged to each month.

Do not include the following items:

- (1) The value of commodities produced on work relief projects and issued to recipients.
- (2) Obligations incurred for non-relief labor, for materials, equipment, and/or supplies for work relief programs.
- (3) Obligations incurred for items commonly referred to as administrative expense of the General Relief program.

(Section Continued on Next Page)

564-50 (Continued)

564-50

Item 4. Medical and dental care - Enter persons and obligations incurred for medical, optical, and/or dental care outside the hospital when such expenditures are made from the General Relief or county indigent fund. Include obligations incurred for services of physicians, dentists, nurses, etc.; obligations incurred for medical supplies, such as medicines, braces, appliances, eye glasses, and dentures; and obligations incurred for other medical and dental care outside the hospital when such expenditures are made from the General Relief fund.

Include obligations incurred for medical and dental care of OAS, ANB, APSB, and ANC cases when such obligations are separate and distinct from the regular monthly grant.

Item 5. Burials - Enter persons and obligations incurred for burials and ~~cemetary care~~ when such expenditures are made from the General Relief or county indigent fund.

Item 6. Short-term care - Enter persons and obligations incurred from the General Relief or county indigent fund for short-term care covering a period of three days or less.

This item should include obligations incurred for persons receiving not more than three days' care.

Item 7. Transportation costs to place of residence - Enter persons and obligations incurred from the General Relief or county indigent fund for returning needy persons to their place of legal residence. Include railroad and bus fares, gasoline, etc., and cost of meals and other care en route. Do not include expenditures incurred for ambulance transportation to or from a hospital; report such expenditures in Item 3.

Item 8. Other - Enter persons and obligations incurred from the General Relief or county indigent fund which cannot be classified under other items in the report. Explain the nature of the obligation. Do not include payments to ANC families for the specific benefit of the family unit, nor costs commonly referred to as "administrative expense." (W&IC 115, 116, 2506)

564-80 SEMI-ANNUAL REPORT ON CHARACTERISTICS OF SAMPLE OF GENERAL
RELIEF CASELOAD

564-80

Each county shall submit semi-annually to the SDSW individual reports on residence and other characteristics of a sample of its General Relief case load.

The SDSW will specify by bulletin the cases, the case characteristics to be reported and the dates as of which the information is to be reported. (W&IC 115, 116, 2506)

564-50 REPORTING OF OTHER GENERAL RELIEF FROM COUNTY INDIGENT FUNDS
(SECTION E OF FORM GR 237)

564-50

Section E of the GR 237 report is designed for reporting all general relief from the regularly designated or budgeted General Relief (county indigent) fund other than reported in Sections B and C. Provision is made for reporting both the amount of obligations incurred and the number of persons for whose benefit these obligations are incurred. This section gives the SDSW information as to the type and amount of miscellaneous assistance extended by individual counties from General Relief or county indigent funds.

Do not include any aid which is not from the regularly designated or budgeted General Relief fund. If aid of the type specified is not provided from this fund but is provided through some other county fund, a dash (--) should be entered.

Obligations should be reported on the basis of obligations incurred during the month. Include all cash payments, relief in kind, relief orders and requisitions.

Item 1. Boarding home care of children - Enter persons and obligations incurred from the General Relief or county indigent fund for the care of children in boarding homes if those children are not receiving ANC. Include only obligations incurred for children for whom payments are based on a fixed monthly rate instead of family budgets.

Item 2. Boarding home care of adult persons - Enter persons and obligations incurred from the General Relief or county indigent fund for the care of adult persons if they are living in a home under a specific board and care agreement and are not receiving OAS, ANB, or APSB.

Item 3. Hospitalization - Enter persons and obligations incurred for private or public hospital care, contract sanatoria, etc., when such expenditures are made from the regularly designated or budgeted General Relief or county indigent fund.

This item shall include costs of physicians and drugs and other medical and dental care extended from the General Relief fund to persons in hospitals. Expenditures from the General Relief fund for ambulance to and from the hospital shall be included under this item.

Include obligations incurred for hospitalization of OAS, ANB, APSB, and ANC cases when such obligations are separate and distinct from the regular monthly grant.

(Section Continued on Next Page)

REVISION RECORD

Revisions issued in changing this chapter will be numbered in sequence. Changes made will be indicated by a vertical line in the margin of the corrected page, against the line or lines changed.

IT IS IMPORTANT that the holder of this Manual check the numbers below, corresponding with the numbers of the revisions when the latter have been incorporated in the Manual and the old pages removed, and that the State Department of Social Welfare be promptly notified in the event a number is passed without receipt of the corresponding numbered sheet.

1	11	21	31	41	51	61	71
2	12	22	32	42	52	62	72
3	13	23	33	43	53	63	73
4	14	24	34	44	54	64	74
5	15	25	35	45	55	65	75
6	16	26	36	46	56	66	76
7	17	27	37	47	57	67	77
8	18	28	38	48	58	68	78
9	19	29	39	49	59	69	79
10	20	30	40	50	60	70	80

700-05 ASSIGNMENT OF STATE NUMBERS**700-05****ANB, APSB**

The county shall assign state numbers to ANB-APSB applications granted by the board of supervisors. There shall be no distinction in numbering between ANB and APSB cases.

1. Cases never before on ANB or APSB in county

List names in alphabetical order and assign numbers in sequence beginning with the number following the number assigned to the last case granted by the previous board action.

2. Cases previously on ANB or APSB in county

Reassign the former state number.

Exception: Spouses who formerly received ANB and/or APSB under one number in the county.

- a. If both spouses return to ANB and/or APSB, reassign the former number to the husband and assign a new number to the wife.
- b. If one spouse returns to ANB or APSB, assign a new number unless the other spouse is deceased; in the latter instance reassign the former number.

Whenever the term "State Number" is used, it refers to the combination of county prefix, numerical designation, and categorical suffix; e.g., Ala 10101 Bl.

The ANB-APSB number series shall be independent of the OAS series. (WIC 3075, 3460)

Certified as a Regulation (or
Regulations) of the

Dept of Soc. Welfare
(Name of State Agency)

Mr. Ellinger
(Signature) 4

Director
(Title)

7/28/48

(Date)

MAIN OFFICE
SACRAMENTO
616 K STREET
(14)

LOS ANGELES OFFICE
WASHINGTON BUILDING
311 SOUTH SPRING STREET
(13)

SAN FRANCISCO OFFICE
GRAYSTONE BUILDING
948 MARKET STREET
(3)

Earl Warren
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES M. WOLLENBERG
DIRECTOR

Sacramento 14
July 28, 1948

22
2
TITLE
CHAPTER

FILED

in the office of the Secretary of State
of the State of California

JUL 29 1948

At 4:30 o'clock P. M.

FRANK M. JORDAN, Secretary of State

By *Robert V. Jordan*
Assistant Secretary of State

Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

SOCIAL WELFARE BOARD

BEN KOENIG, CHAIRMAN
1680 NORTH VINE STREET
LOS ANGELES

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1870 JACKSON STREET
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922 J STREET
MODESTO

GERALD C. KEPPEL
135 NORTH BRIGHT AVENUE
WHITTIER

REV. THOMAS H. MARKHAM
409 NATIVE SONS' BUILDING
SACRAMENTO

JOHN T. MARTIN
1170 SEVENTH AVENUE
SAN DIEGO

MRS. JESSIE S. WILLIAMSON
2816 OAK KNOLL TERRACE
BERKELEY

IN REPLY PLEASE REFER
TO:

My dear Mr. Jordan:

Attached are three copies of the following regulations
issued by the State Department of Social Welfare:

REVISION OF SECTION 102-70
PURPOSE AND GENERAL PROVISIONS CHAPTER
MANUAL OF POLICIES AND PROCEDURES

These regulations were adopted by the State Social Welfare Board pursuant to the powers conferred upon it by the Welfare and Institutions Code under Sections 103, 103.5, 103.6, and 114b, and are being filed in accordance with Section 11380 of the Government Code.

These regulations were adopted by the State Social Welfare Board to be effective immediately upon filing with the Secretary of State, since this has been found necessary for the immediate preservation of the public peace, health and safety or general welfare and that notice and public procedure thereon are impracticable, unnecessary or contrary to the public interest.

Very sincerely yours,

Charles M. Wollenberg
CHARLES M. WOLLENBERG, Director
Department of Social Welfare

468:b5
Attachments

FILED

the office of the Secretary of State
of the State of California

JUL 29 1948

102-70 APPLICATIONS AND RECORDS SHALL BE CONFIDENTIAL

OAS, ANB, APSB, ANC

At 430 o'clock P. M.

FRANK M. JORDAN, Secretary of State

By Frank M. Jordan
Assistant Secretary of State

No person shall publish or disclose or permit or cause to be published or disclosed any list of persons receiving public assistance.

Applications and records concerning any individual made or kept by any public office or agency shall be confidential and shall not be open to examination for any purpose not directly connected with the administration of the OAS, ANB, APSB, or ANC laws. Upon request of the applicant, recipient, or appellant, or the designated agent of such person information shall be released.

The person requesting information as the authorized agent of the applicant, recipient, or appellant shall have written authorization from such person for release of information from the record. The period of time for which an authorization is effective is dependent upon its wording. An authorization reading in part, "application and/or, aid and/or appeal" is good until revoked, while an authorization reading "relating to my appeal" refers only to the appeal and automatically expires at the time of disposition of the appeal. The material to be released to the agent depends likewise upon the content of the authorization.

Information other than as above provided may be released:

1. When it is requested by a public or private social welfare or health agency which fulfills the following conditions:
 - a. The agency, as a part of its usual duties, makes social investigations for the purpose of rendering social service.
 - b. The agency maintains adequate standards for the protection of confidential information.
 - c. The agency will use the information only for the purposes for which it is made available, such purposes to be reasonably related to the purposes of the assistance program and the functioning of the inquiring agencies.
2. When the request is for research purposes provided that such research will not result in the disclosure of the identity of the applicant or recipient.
3. When it is requested by a selective service board provided there is assurance of reasonable precaution to protect the confidential nature of records by that board.

An authorization may be made to an individual, corporation, or association. Such authorization shall be honored provided the person presenting it is identified, to the satisfaction of the county, as being the individual or a bona fide representative of the corporation or association.

When, in a verbal discussion, the applicant, recipient, or appellant is present with the purported agent, written permission authorizing release of information to the agent is not necessary.

In ANB and APSB, all papers and records pertaining to his case on file in the SDSW or in the county office shall be open to inspection at any time during business hours by the applicant or his attorney or agent.

County welfare departments may receive a subpoena or other order from a court requiring that certain records be produced. Unless it is readily apparent that the court order was issued for a purpose directly connected with the administration of aid, counties other than Los Angeles, San Francisco, and Sacramento shall, immediately upon receipt of such order, notify the district attorney or county counsel, with the request that this officer take appropriate action to safeguard the confidential nature of the categorical aid records mentioned in the court order. Los Angeles, San Francisco, and Sacramento counties shall either telephone the local office of SDSW who will arrange that the Attorney General's office take action or notify their district attorney or county counsel.

In OAS see Sec. 102-73, Release of Information in Disputed Cases, for provisions regarding release of information in cases of dispute.

Any violation of the provisions set forth in Sec. 118 of the W&IC constitutes a misdemeanor. (W&IC 118, 1560, 2140, 3075, 3079, 3460)

MAIN OFFICE
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(14)

LOS ANGELES OFFICE
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SAN FRANCISCO OFFICE
GRAYSTONE BUILDING
948 MARKET STREET
(3)

Earl Warren
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES M. WOLLENBERG
DIRECTOR

Sacramento 14
August 31, 1948

SOCIAL WELFARE BOARD

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1680 NORTH VINE STREET
LOS ANGELES

MRS. RUBY BACIGALUPI
1870 JACKSON STREET
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JOHN C. CUNEO
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Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

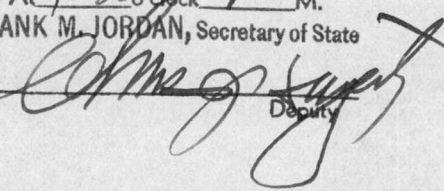
FILED

In the office of the Secretary of State
of the State of California

IN REPLY PLEASE REFER
TO:

AUG 31 1948

At 4:30 o'clock P. M.
FRANK M. JORDAN, Secretary of State

By 
Deputy

My dear Mr. Jordan:


Attached are three copies of the following regulations
issued by the State Department of Social Welfare:

MANUAL LETTER NO. 123

These regulations were adopted by the State Social Welfare Board on August 27, 1948, pursuant to the powers conferred upon it by the Welfare and Institutions Code under Sections 103, 103.5, 103.6, and 114b, and are being filed in accordance with Section 11380 of the Government Code.

These regulations were adopted by the State Social Welfare Board to be effective immediately upon filing with the Secretary of State, since this has been found necessary for the immediate preservation of the public peace, health and safety or general welfare and that notice and public procedure thereon are impracticable, unnecessary or contrary to the public interest.

Very sincerely yours,


CHARLES M. WOLLENBERG, Director
Department of Social Welfare

468:b5
Attachments

Certified as a Regulation (or as
Regulation of the

Dept of Social Welfare
(Name of State Agency)

Chubbuck
(Signature)

Director
(Title)

8/31/48
(Date)

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

616 K STREET
SACRAMENTO 14

September 3, 1948

FILED

In the office of the Secretary of State
of the State of California

1297

AUG 31 1948

At 4:30 o'clock P. M.

FRANK M. JORDAN, Secretary of State

By *[Signature]* Deputy

MANUAL LETTER NO. 123

The attached revisions are to be entered in your Manual of Public Assistance Policies and Procedures and the revision numbers canceled on the separators of the revised chapters. The revision numbers are as follows:

Statistical Procedures
Financial Procedures

Revisions 77 and 78
Revisions 385 thru 391

The revisions to the financial procedures chapter were adopted by the Social Welfare Board on August 27, 1948, and are effective September 1, 1948.

Secs. 645-16, 645-17, 645-21, 645-22, 645-23, 645-24, 645-27 are new and revised sections giving instructions for claiming federal participation for expenditures for workmen's compensation, retirement contributions, goods, facilities, and services of other county agencies and for the expenses of county board of supervisors, district attorney or other county civil legal officer, treasurer, and auditor.

Sec. 611-90 has been revised to clarify the provision regarding the time limit within which warrants shall be redeemed; when the last day of the six-month period falls on a Sunday or legal holiday, the following day is considered the last day of the six-month period.

Sec. 611-95 has been revised to provide for the reissuance of warrants lost or destroyed by a person other than the original payee.

Sec. 628-05 has been revised to specify the period after October 1, 1948, as a period for which separate Forms ABC 804 shall be submitted when reporting canceled warrants.

Sec. 628-06 as revised specifies that when claim is made for warrants issued in lieu of canceled warrants, these may be reported on a supplemental payroll as credit cancelations. The reissued warrant shall bear the same date as the original warrant and must be presented for payment within the same time limit set forth for the original warrant.

The attached Form GR 237, Revised August 1, 1948, is to be placed in Sec. 569-99 following the sample of Form GR 237, Revised June 1946; mark this latter form "obsolete." Do not remove Form GR 237, Revised June 1946, from the manual since Form CA 237 printed on the other side of the sheet is current.

The corrected Sec. 564-25 is to replace Sec. 564-25 which now appears in the manual.

Department Bulletins 247, 247A, 247B, 317, and 321 are now obsolete.

564-28 SECTION A - REQUESTS FOR GENERAL RELIEF DURING MONTH

564-28

Section A is designed to provide a count of the number of requests for General Relief with an analysis of residence status and recurrence of requests.

Financial assistance means aid in cash or kind.

Requests for financial assistance are to be reported even if rejected at first contact (e.g., by clerical receptionist) on grounds of obvious ineligibility.

Additional calls at the agency regarding pending requests are not to be counted as additional requests.

Item 1. Total requests for financial assistance during month - Enter the total number of requests (cases and persons) for General Relief during the month. Include all requests of any nature for financial assistance (except by categorical aid applicants not requiring aid during investigation of eligibility).

Item 1-A. New: Have not requested or received financial assistance during last 12 months - Enter the number of requests by individuals or families who have not requested or received financial assistance from your county under the General Relief program during the last 12 months.

Item 1-B. Repeat Requests: Previously requested or received financial assistance during last 12 months - Enter the number of individuals or families who have requested or received financial assistance during the last 12 months.

Item 2. Analysis of requests shown in Item 1 - This item is the sum of Items 2A, 2B, and 2C; it must also equal Item 1.

Item 2-A. Appear to have state residence - Enter the number of individuals or family heads who appear to meet all state residence requirements in accordance with W&IC 2555.

(1) Appear to have residence in county of request. Enter the number of individuals or family heads reported under 2-A who appear to be residents of your county in accordance with W&IC 2556.

Item 2-B. Appear not to have state residence - Enter the number of individuals or family heads who appear not to meet all state residence requirements in accordance with W&IC 2555.

Item 2-C. Residence not considered - Enter the number of requests in which residence was not considered because not relevant to the situation.

Item 3. Requests for financial assistance rejected during month - Enter the total number of requests (cases and persons) for financial assistance during the month which were rejected for whatever reason. Include under rejections referrals to other agencies of cases in which financial assistance was requested of your agency but not given. (W&IC 115, 116, 2506)

564-25 GENERAL INSTRUCTIONS FOR TYPE OF RELIEF REPORTED IN
SECTIONS A, B, C, D, AND E ON FORM GR 237

564-25

The GR 237 report is divided into five sections, A, B, C, D, and E. Section A is intended to record the number of requests filed each month for General Relief with a brief analysis as to residence and recurrence of requests. In Sections B and C are reported data on "General Home Relief", i.e., non-medical General Relief paid to recipients in their homes (except county supplemental aid paid to ANC families and children). In Section C cases, persons, and obligations incurred are segregated according to type of case.

Section D is used to report the amount of money and the number of OAS, ANB, or APSB persons who are receiving supplementation from county funds in addition to their regular grant of aid under the particular aid category. Supplementation of ANC payments is not to be included on this report.

In Section E is reported non-medical General Relief paid to or for individuals living in institutions, care in boarding homes for children (other than ANC) and adult persons (other than OAS, ANB, or APSB), short-term care (covering a period of three days or less), medical relief, burials, and other miscellaneous expenses which are paid from county indigent funds but are not defined by instructions for Sections B and C.

Cases, persons, and expenditures reported in Sections B and C are never reported simultaneously in Section E unless the case, or person, in question was receiving both types of General Relief during the month. For Example, a child, ineligible for ANC, who is a member of a family receiving General Relief, is transferred to a boarding home (paid from county General Relief funds) on January 15. The child will be reported in Sections B and C of the January Form GR 237 because he was a recipient of General Home Relief from January 1 to January 15. He will also be reported in Section E of the January Form GR 237 because he was in a boarding home paid from county funds during the latter half of the month. However, on the February Form GR 237 he will be omitted from Sections B and C, and will be counted only in Section E, regardless of the fact that the remainder of his family is still reported in Sections B and C.

The number of persons included in cases is to be reported, as well as number of cases, wherever lines are provided on the form for such entries. (IC 115, 116, 2506)

569-99 (Continued)

569-99

FORM GR237 (REVERSE)

C. OBLIGATIONS INCURRED FOR GENERAL HOME RELIEF: DETAIL FOR CASES REPORTED UNDER ITEM 3A, SECTION B

Recipient	Cases (1)	Persons (2)	OBLIGATIONS INCURRED DURING MONTH		
			Cash (3)	Kind (4)	Total (5)
1. Total recipients (1A + 1B).....			\$	\$	\$
A. Family Cases.....			XXXXXX	XXXXXX	
B. One-Person Cases.....			XXXXXX	XXXXXX	

D. SUPPLEMENTATION OF AID GRANTS UNDER OTHER PUBLIC ASSISTANCE PROGRAMS
(Do not include elsewhere in this or other statistical reports)

	Persons	Obligations
1. Supplemental aid from county funds to OAS recipients.....		\$
2. Supplemental aid from county funds to ANB or APSB recipients.....		\$

E. OTHER GENERAL RELIEF FROM COUNTY INDIGENT FUND (Do not include persons or obligations reported in Sections A, B, C, or D or aid from sources other than indigent fund)

1. Boarding home care of children (Exclude ANC cases).....	\$
2. Boarding home care of adult persons (Exclude OAS, ANB, or APSB...)	\$
3. Hospitalization.....	\$
4. Medical and dental care.....	\$
5. Burials.....	\$
6. Short-term care (3 days or less).....	\$
7. Transportation costs to place of residence.....	\$
8. Other (specify).....	\$

Person Reporting _____ Title _____

(Section Continued on Next Page)

569-99 (Continued)

569-99

State of California		Department of Social Welfare	
MONTHLY STATISTICAL REPORT ON GENERAL RELIEF		FORM GR237	
COUNTY _____	REPORT FOR THE MONTH OF _____	19____	
A. REQUESTS FOR GENERAL RELIEF DURING MONTH		CASES	PERSONS
1. Total requests for financial assistance during month (1A+1B).....		=====	=====
A. New: Have not requested or received financial assistance during last 12 months.....		=====	=====
B. Repeat request: Previously requested or received financial assistance during last 12 months.....		=====	=====
2. Analysis of requests shown in Item 1 (2A+2B+2C must equal Item 1).....		=====	=====
A. Appear to have state residence.....		=====	=====
(1) Appear to have residence in county of request (included in 2A).....		=====	=====
B. Appear not to have state residence.....		=====	=====
C. Residence not considered.....		=====	=====
3. Requests for financial assistance rejected during month.....		=====	=====
B. CASES APPROVED FOR GENERAL HOME RELIEF		CASES	PERSONS
1. Continued from last month (if not equal to Item 5 of last month's report, explain below).....		=====	=====
2. Total added during month (2A + 2B).....		=====	=====
A. New: Never previously received General Home Relief.....		=====	=====
B. Restored: Previously received General Home Relief.....		=====	=====
3. Total active during month (1 + 2; also 3A + 3B).....		=====	=====
A. Received General Home Relief.....		=====	=====
B. Received no General Home Relief.....		=====	=====
4. Total discontinued during month (Sum of 4A through 4I).....		=====	=====
A. Death.....		=====	=====
B. Employment or increased earnings.....		=====	=====
C. Support from relatives or friends.....		=====	=====
D. Other change in economic circumstances.....		=====	=====
E. Change in law or agency policy.....		=====	=====
F. Refusal to comply with agency policy.....		=====	=====
G. Excess property.....		=====	=====
H. Admitted to institution.....		=====	=====
I. Receipt of another type of <u>Public Assistance</u>		=====	=====
J. Returned to legal residence.....		=====	=====
K. Lost contact.....		=====	=====
L. Other.....		=====	=====
5. Continued to next month (3 minus 4).....		=====	=====

Form GR 237, Revised August 1, 1948 (over)

(Form Continued on Next Page)

(Section Continued on Next Page)

611-95 REISSUANCE OF WARRANTS
OAS, ANB, APSB, ANC**611-95**

Whenever a warrant has been lost or destroyed before it is paid by the county treasurer, the amount due may be recovered by the payee by filing with the auditor prior to the time the warrant becomes void an affidavit setting forth the fact of the loss or destruction of the warrant, the number, date, amount, name of the payee, and all material facts relative to its loss or destruction. Upon the filing of the affidavit the auditor shall issue and deliver to the payee a duplicate warrant bearing the same date as the original warrant for the full amount of the original warrant and the treasurer shall pay the duplicate in lieu of the original warrant. The reissued warrant shall bear the same date as the original warrant and must be presented for payment within the same time limit set forth for the original warrant.

If ownership of the warrant had passed from the original payee to another person (bank, store, etc.) by endorsement prior to the time it was lost or destroyed, the amount due may be recovered by the legal owner of the warrant in the manner set forth above. In this event the county auditor shall issue and deliver the duplicate warrant to the legal owner instead of the original payee.

A warrant shall be considered lost if it has been mailed and has not been received by the addressee within twenty days after the date of mailing.

A warrant shall be considered to have been destroyed if it has been canceled in error by the county auditor. (W&IC 1560, 2140, 3075, 3460; Government Code 29850, 29851, 29852, 29853)

612-00 FINANCIAL RECORDS FOR INDIVIDUAL CASES
OAS, ANB, APSB, ANC**612-00**

The following procedure is advised:

An individual account should be kept in the county for each recipient of aid. Such a record should include the name of the grantee and/or payee, the state case number, the amount of the grant, the effective date of the grant, all changes in the rates of aid, the effective dates of such changes, the dates of payment and warrant numbers. All payments should be posted to these accounts. Cancellations, collections, and other adjustments should be recorded.

These records should be filed in numerical sequence by state number. The issuance of warrants and payroll listings should follow the same order to facilitate posting. (W&IC 1560, 2140, 3075, 3460)

**611-80 PAYMENTS MADE UPON ORDER OF THE SSWB
OAS, ANB, APSB, ANC****611-80**

Payment shall be made in the amount awarded and for the period designated by the order of the SSWB in cases of appeal. State participation is available in all such payments. Federal participation is available for retroactive payments in such cases for not more than two months immediately preceding the month in which the appeal is signed (See Sec. 325-20, Right, Purpose, and Scope of Appeal), except in APSB and certain ANC cases where there is no Federal participation. (See Sec. 325-90, Disposition of Case After SSWB Decision) (W&IC 1552, 1560, 2140, 2182, 3075, 3086, 3460)

**611-90 CANCELLATION OF AID WARRANTS
OAS, ANB, APSB, ANC****611-90**

Any warrant issued in payment of aid shall not be redeemed and shall be void if not presented for payment within six months after date of issuance. When the last day of the six-month period falls on a Sunday or legal holiday, the following day is considered the last day of the six-month period. Every aid warrant should carry notice of this fact conspicuously on its face in order that persons holding such warrants will present them for payment within the time limit specified. The following wording is suggested: "Void after six months from date of warrant." (W&IC 1560, 2140, 3075, 3460; Pol. C. 4095)

**628-06 CLAIM FOR WARRANTS ISSUED IN LIEU OF CANCELED WARRANTS
OAS, ANB, APSB, ANC****628-06**

When a warrant is issued in lieu of a canceled warrant, within the time limit specified in Sec. 611-90, Cancellation of Aid Warrants, and the cancellation has been reported, federal (if eligible for federal) and state reimbursement may be claimed by reporting the reissued warrant on a supplemental payroll in the same manner as retroactive payments are reported (see Sec. 626-50, Supplemental Aid Claims) or by reporting as a credit cancellation. Full explanation shall be given including the warrant number of the canceled warrant and the name of payee on the canceled warrant. The reissued warrant shall bear the same date as the original warrant and must be presented for payment within the same time limit set forth for the original warrant. (W&IC 1560, 2140, 3075, 3460)

**628-10 STATE AUDIT OF AID CLAIMS
OAS, ANB, APSB, ANC****628-10**

County aid claims are audited to records in the office of the SDSW and certified to the State Controller in the amounts for which such aid claims are approved.

County aid claims are allowed according to the authorization in the SDSW files at the time of audit. Such authorization shall be forwarded to the SDSW immediately and must be received not later than 15 days after action by the board of supervisors to avoid loss of state and federal participation in the amounts claimed.

Claims will be approved and certified to the State Controller by SDSW on the basis of documents on file on the last date for receipt of the documents (see preceding paragraph), or the date of the office audit of the claim, whichever is the later. Disallowance due to the absence of proper supporting documents in SDSW files will be identified on the claim correction letter as reclaimable upon submission of such documents, in accordance with the rules and regulations of the SDSW (Sec. 361-25).

Reclaimed items shall appear on regular supplemental payrolls and shall be cross-referenced to the claim correction letter carrying the disallowance. Reclaim for amounts disallowed under this section must be made within a 3 months' period immediately following the month in which the disallowance was reported to the county on the claim correction letter.

Example: \$60 OAS claimed on October, 1947 payroll. Authorization on file is for \$55 as county had not forwarded notice of change for \$60 acted upon in September. Disallowance in amount of \$5 is reported to county on claim correction letter dated December 5, 1947. County may reclaim this amount upon submission of the notice of change for \$60 acted upon by the board of supervisors in September. Such reclaim must be submitted prior to March 31, 1948 (December, 1947, January or February 1948 claims).

(Section Continued on Next Page)

628-05 (Continued)

628-05

In reporting canceled warrants, the distribution of the federal, state, and county shares is determined by the laws governing the respective category of aid in the month for which the warrant was issued.

In OAS, ANB, and APSB the method for computing the federal, state, and county shares of groups of canceled warrants is the same as for computing aid payrolls; that is, on the total basis. Consequently, separate Forms ABC 804 shall be prepared for each warrant or group of warrants issued during the following periods: OAS prior to 10/1/46, from 10/1/46 through 7/31/47, from 8/1/47 through 9/30/48, and subsequent to 10/1/48; ANB and APSB prior to 10/1/46, from 10/1/46 through 9/30/47, from 10/1/47 through 9/30/48, and subsequent to 10/1/48.

In ANC, both for a single warrant or a group of warrants, the federal, state, and county shares for each warrant are reported on the cancellation schedule. The shares shall be computed in accordance with the rules and regulations applicable at the date the warrant was issued. (WAC 1560, 2140, 3075, 3460)

645-06 (Continued)

645-06

1. Such services are not performed incident to other public functions;
2. The county has conformed to the requirements of the merit system in the employment of welfare personnel. (See Chapter 070-00, Welfare Personnel Standards);
3. Such services are rendered during the period of pending and continuing eligibility and for a reasonable period after the cessation of the money payment.

Costs of services may be reported for purposes of securing federal matching in respect to:

1. Information, analysis, investigation, consultation planning and referral, including the cost of transportation and other expenses necessary to enable the applicant or recipient to receive technical services in respect to legal, medical and social problems; excluding the cost of legal, medical, educational, rehabilitative and remedial services that go beyond consultation, diagnosis and planning;
2. Costs of mental and physical examinations and other diagnostic services necessary to determine the mental or physical condition of the applicant or recipient or of a member of the household affecting his health and well-being, including expenses necessary to secure the service, but excluding the costs of medical treatment;
3. Costs of services, including consultation and arrangements for counsel, necessary in the adjustment of legal problems of the applicant or recipient of public assistance, including the official fees, the costs of documents and other expenses necessary to secure the service, but excluding attorney's fees and the costs of judicial proceedings except as provided in 4; and
4. Costs of guardianship proceedings for applicants or recipients of public assistance. (FSS-Admin.)

**645-16 EXPENDITURES FOR WORKMEN'S COMPENSATION
OAS, ANB, ANC**

645-16

Federal participation may be claimed by the county for its share of costs for covering employees under workmen's compensation plans which meet the requirements of the FSS-Admin. Participation in the State Compensation Insurance Fund is acceptable.

Such costs must be properly chargeable to the administration of the public assistance programs.

Workmen's compensation expenditures shall be reported currently as a maintenance and operation charge and shall be identified as workmen's compensation on Administrative Expense Worksheets (Form DFA 64A) submitted to the SDSW.

Counties which are self-insured shall submit complete data on their workmen's compensation plans to the SDSW for analysis and approval prior to submitting a claim for reimbursement. (FSS-Admin.)

**645-02 EXPENDITURES FOR PURPOSES OF ADMINISTRATION
OAS, ANB, ANC****645-02**

An expenditure for purposes of administration must be for purposes other than "assistance" (cash or kind), must be directly pertinent or reasonably related to the provision of assistance in the category to which it is allocated, and must not be properly chargeable to another program or to any form of assistance as such. (FSS-Admin.)

The usual activities involving costs of public assistance administration for which Federal participation may be claimed are:

1. Supervising the operation of public assistance programs;
2. Developing, evaluating, and modifying standards of operation;
3. Maintaining social, financial, and statistical records;
4. Preparing and presenting information to official bodies and the public;
5. Determining the original and continued eligibility of individuals for financial assistance and ascertaining the amount of assistance to be granted; e.g.:
 - a. The cost of blind eye examinations. (See Secs. 180-15, Determination of Degree of Blindness; 180-50, Reexamination of Eyes to Determine Continued Eligibility, 235-00, Physician's Reports of Eye Examinations; and 645-31, Expenditures for Eye Examinations.)
 - b. The cost of \$1.00 for search of draft records. (See Sec. 107-85, Draft Board Records as Age Evidence.)
 - c. The cost of search of census records, \$1.00 for routine search or \$3.00 provided the circumstances justify a special search. (See Sec. 107-65, U. S. Census Records as Age Evidence.)
6. Providing such financial assistance. (W&IC 1553, 2186, 3087; FSS-Admin.)

**645-06 EXPENDITURES FOR PERSONAL SERVICES
OAS, ANB, ANC****645-06**

Federal participation may be claimed in monies paid to employees engaged in administration of cases eligible to Federal aid for OAS, ANB, and ANC for personal services rendered the individual applicant or recipient to assure him the maximum benefit from the money payment in relation to personal, family, and community resources provided that the following conditions are true:

(Section Continued on Next Page)

645-21 EXPENDITURES FOR GOODS, FACILITIES, AND SERVICES FROM OTHER
COUNTY AGENCIES
OAS, ANB, ANC

645-21

Federal participation may be claimed by the county to meet costs incurred by other county agencies in furnishing goods, facilities, or services to the welfare department provided:

1. Such costs are permissible under county ordinances. In all cases the responsibility for the determination of the legality of such claim in respect to county ordinances rests with each individual county, and such determination shall be made prior to claiming federal participation.
2. Such costs are incurred to meet the administrative needs of the welfare department and are not costs attributable to the general expense of county government in carrying out the over-all coordinating fiscal and administrative functions of the county government.
3. Such costs are extra-identifiable and readily ascertainable either
 - a. by segregation, or
 - b. as a pro rata share of the costs of such goods, facilities, or services.

Definition of terms

"Goods" means articles or commodities such as furniture, equipment, printed forms, office supplies, wares, or merchandise.

"Facilities" means transportation and communications, such as automobile and motor delivery facilities, and telephone and telegraph. Those facilities that may be used in connection with office space, such as heat, light, power, insurance, elevator service, janitor service, cleaning, painting, decorating, and maintenance repairs are excluded from this definition and are covered by a separate policy. The printing, writing, and mailing of public assistance warrants, or any combination of such operations, including both services and goods, may be classified as a facility.

"Services" relates to personal services performed by employees of other county departments including costs of travel and supplies necessary and directly related to the performance of the personal service rendered. (FSS*Admin.)

645-17 EXPENDITURES FOR RETIREMENT CONTRIBUTIONS

645-17

OAS, ANB, ANC

Federal participation may be claimed by the county for its share of costs for covering employees under approved retirement fund plans.

Two copies of retirement data shall be submitted to the SDSW including (a) a statement showing how the plan became effective, (b) the date the plan became effective; and if the retirement system is operated by the county itself, (c) copies of the retirement law including full details on the operation of the system.

One copy of the retirement data shall be notarized by the county clerk as being a true copy of the original document.

Plans currently acceptable include: (a) Membership in the State Employees' Retirement System or (b) a county wide retirement plan operating under authority of the County Employees' Retirement Act of 1937. (Sections 31450 - 31922 Government Code)

The county share of approved retirement system contributions shall be reported currently as a maintenance and operation charge and shall be identified as retirement system contributions on Administrative Expense Worksheets (Form DFA 64A) submitted to the SDSW. (FSS-Admin.)

**645-24 EXPENSES OF THE COUNTY TREASURER
OAS, ANB, ANC****645-24**

The expenses of the county treasurer are a combination of costs in the exercise of the treasurer's duty as the guardian of county funds and in the providing of fiscal services to the departments of the county.

Federal participation may not be claimed by the county for costs of those broad functions of the treasurer's office inherent in the guardianship and accountability of county funds held in his custody.

Federal participation may be claimed by the county when the county treasurer or his employees perform services specifically for the welfare department such as maintaining endorsement card files and the verification of endorsements against such card files to insure the recipients' receipt of aid, if the costs of such services are readily identifiable. Such costs shall include only goods, facilities, or services readily ascertainable by time recording and segregation.

Costs shall be reported currently and shall be identified as an expense of the county treasurer when itemized on the Administrative Expense Worksheet (Form DFA 64A) submitted to the SDSW with the Administrative Expense Affidavit (Form ABC 807). The county shall maintain records to substantiate these costs.

(FSS-Admin.)

**645-25 EXPENDITURES FOR CWS
CWS****645-25**CWS Workers

In those counties where agreements have been approved for the employment of CWS workers, the total salary received by those workers shall be charged to the CWS Program.

Reimbursement to the county from CWS funds will then be computed on the percentage of the CWS worker's salary specified in the agreement between the state and the county.

CW Supervisors

In those counties where agreements have been approved for the employment of a County Child Welfare Supervisor or County Child Welfare Supervisor Grade I or County Child Welfare Supervisor Grade II (if and when these two latter classifications are approved by the U. S. Children's Bureau) and the agreement specifies that such supervisors may work less than full time on CWS, the amount of such supervisors' salaries charged to CWS shall be determined on the basis of time actually spent during the month on activities specified in the agreement between the SDSW and the county.

(Section Continued on Next Page)

**645-22 EXPENSES OF COUNTY BOARD OF SUPERVISORS
OAS, ANB, ANC****645-22**

Federal participation may not be claimed by the county for expenses of the county board of supervisors since they are not administrative costs of the public assistance agency but rather costs of general county government. (FSS-Admin.)

**645-23 EXPENSES OF THE COUNTY DISTRICT ATTORNEY OR
OTHER COUNTY CIVIL LEGAL OFFICER
OAS, ANB, ANC****645-23**

Services performed by the district attorney or other county civil legal officer are generally matchable if performed as an aid to the operation of the welfare department, the service being of a kind for which the welfare department would normally turn to its own staff attorney. Only the direct cost of those services which are specifically identifiable as services to the welfare department are matchable. Whether such services are performed in the office of the district attorney or other county civil legal officer or on the premises of the welfare department is immaterial.

The nature and identifiability of the service governs the matchability.

In all instances the services from the district attorney or other county civil legal officer need to be known in some detail so that those that are matchable may be separated from those that may be performed by the district attorney or other county civil legal officer in his capacity of officer of the county.

Certain specific services such as formal consultation on policies and procedures are matchable. In this regard the district attorney or other county civil legal officer would be acting in an advisory capacity to the welfare department in the same way as an attorney on the agency's staff.

Services that are performed by the district attorney or other county civil legal officer and that fall within the general administrative responsibilities of his office are not matchable as, for example, formal opinions on the constitutionality of legislation, defending the welfare department in nonprogram litigation, or the rendering of opinions as a part of the general function of the office of the district attorney or other county civil legal officer. Such services usually would be required of the district attorney or other county civil legal officer for all the county agencies and departments and would not be performed solely for the welfare department.

Charges shall be confined to the cost, to the district attorney or other county civil legal officer, of the time of the personnel, of materials used, and of expenses incurred as the direct result of furnishing the services. Overhead, such as office rent, library facilities or the cost of general management or supervision shall not be included.

The SDSW shall be consulted regarding the specific cost allocation plan to identify the above costs.

Costs shall be reported currently and shall be identified as an expense of the county district attorney or other county civil legal officer when itemized on the Administrative Expense Worksheet (Form DFA 64A) submitted to the SDSW with the Administrative Expense Affidavit (Form ABC 807). The county shall maintain records to substantiate these costs. (FSS-Admin.)

645-27 EXPENSES OF THE COUNTY AUDITOR

645-27

OAS, ANB, ANC

Federal participation may be claimed for the costs of goods, facilities, or services regularly provided by the county auditor to the welfare department either on an "actual cost" or "unit cost" basis. Costs may include expenditures such as salaries and wages, warrants, postage, envelopes, and equipment.

If the cost of such goods, facilities, or services are not readily ascertainable by segregation, a unit cost may be used.

UNIT COST BASIS

1. Salaries and Wages. The time recording procedure outline in Sec. 645-76, Time Recording by Employees, shall be followed for segregating salaries and wages. The resulting number of man hours spent on each aid during the study month multiplied by the average hourly salary shall be used in establishing the total salary cost by aid.
2. Warrants. The cost per warrant determined by the last purchase preceding the study month multiplied by the number of warrants used for each aid during the study month shall represent the total warrant cost.
3. Postage. The actual cost of postage used in mailing the warrants during the study month shall be determined for each aid.
4. Envelopes. The cost per envelope determined by the last purchase preceding the study month multiplied by the number of envelopes used during the study month for each aid shall represent the total envelope cost.
5. Other Goods and Facilities.

The unit cost which shall be used from the study month until the end of that fiscal year is determined by adding the total cost by program as determined under 1, 2, 3, 4, and 5, above, and dividing by the number of recipients of aid (ANC=number of cases) as shown on each assistance affidavit for the month.

Each month thereafter the number of recipients of aid (ANC=number of cases) as reflected on that month's assistance affidavit multiplied by the unit cost for that aid shall determine the sum to be charged to OAS, ANB, ANC, etc., on the administrative expenses maintenance and operation worksheet.

If a unit cost is used, the county shall at least once but not more than twice each fiscal year conduct a study to establish a new unit cost or verify existing costs. Approval of the study month desired shall be secured in advance from the SDSW.

ACTUAL COST BASIS

If the costs of such goods, facilities, or services are readily ascertainable by segregation, actual cost may be claimed.

(Section Continued on Next Page)

645-25 (Continued)

645-25

Reimbursement to the county for a County Child Welfare Supervisor will be determined by applying the agreed percentage to be borne from CWS funds against the amount chargeable to the program as determined by the time recording procedure. In any event, the reimbursement will not exceed any contract limitation.

Educational Stipend

In those counties where agreements exist for the reimbursement of CWS educational stipends, such expenditures for stipends shall be reported and charged as a maintenance and operation expense to the CWS Program and the counties may claim reimbursement as specified in the existing agreements.

Other Expenditures

Expenditures for the CWS Program not contained in the regular agreement between the state and the county must be authorized individually in advance by the SDSW. (FSS-Admin.)

645-26 EXPENDITURES FOR COMMISSARIES
GR**645-26**

Commissary costs shall be determined and handled as direct charges to this activity where readily determinable. They may be reported on the Administrative Expense Worksheets (Forms DFA 64 and 64A) under the caption "Commissary" or the OWP column may be used.

Joint expenditures applicable to the categorical aid programs only will be allocated as such.

Only expenditures for Salaries and Wages, Maintenance and Operations, and Capital Outlay by which all welfare programs and the commissary benefit, shall be treated as over-all expenses. An example of the latter would be the salary of a county welfare director who is responsible for the operation of all welfare programs including the commissary. (W&IC 1561, 2140, 3091; FSS Admin.)

645-31 EXPENDITURES FOR EYE EXAMINATIONS

645-31

ANB

Federal participation may be claimed for cost of required eye examinations for aid to the blind. (See Secs. 235-00, Physician's Reports of Eye Examination, 351-50, Reinvestigation of Blindness, and 645-02, Expenditures for Purposes of Administration.)

In connection with an application for ANB, the SDSW requires the first examination and if the applicant, at his own expense, submits a second report which is in conflict with the first, then the SDSW requires a third or resolving report. Accordingly, reimbursement may be claimed for the first and third examinations, and any additional examination which the SDSW may require.

In connection with reinvestigation, reimbursement may be claimed for the required eye examination (See Sec. 351-50, Reinvestigation of Blindness) and for any additional examination which the SDSW may require. (See Secs. 180-25, Successive Eye Examination Reports, 180-50, Re-examination of Eyes to Determine Continued Eligibility, and 361-40, Continued Eligibility Questioned on Basis of Physician's Report of Eye Examination.)

Necessary expenses to county for transporting an applicant for or recipient of ANB to obtain the required eye examination (See Secs. 180-15, Determination of Degree of Blindness, and 180-50, Re-examination of Eyes to Determine Continued Eligibility) are administrative expenses, subject to Federal reimbursement provided;

1. The applicant or recipient is not financially able to meet such costs, and
2. There is no accessible ophthalmologist on the panel in the county and the person must be transported to another county or state, or

(Section Continued on Next Page)

645-27 (Continued)

645-27

EXPENDITURES FOR PURCHASE OR REPLACEMENT OF EQUIPMENT

If actual costs are claimed, no deviation from the regular procedures is necessary for capital expenditures. If a unit cost is used and an expenditure is made for equipment to be used solely for public assistance, the expenditure may be added to the total amount determined on a unit cost basis.

The amount to be allocated to each program may be determined by prorating the expenditure on the ratios of the salaries and wages expenditures for each program for that month.

If new equipment is purchased by other than the county welfare department; whether on an initial purchase or replacement basis, the SDSW is to be notified in advance of the county's intention to claim so that determination can be made as to whether the items are eligible for federal participation.

Costs shall be reported currently and shall be identified as an expense of the county auditor when itemized on the Administrative Expense Worksheet (Form DFA 64A) submitted to the SDSW with the Administrative Expense Affidavit (Form ABC 807). The county shall maintain records to substantiate these costs. (FSS-Admin.)

MAIN OFFICE
SACRAMENTO
616 K STREET
(14)

LOS ANGELES OFFICE
WASHINGTON BUILDING
311 SOUTH SPRING STREET
(13)

SAN FRANCISCO OFFICE
GRAYSTONE BUILDING
948 MARKET STREET
(3)

Earl Warren
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES M. WOLLENBERG
DIRECTOR

Sacramento 14
August 31, 1948

1174E-222
CHAPTER

FILED

In the office of the Secretary of State
of the State of California

Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

SOCIAL WELFARE BOARD

BEN KOENIG, CHAIRMAN
1680 NORTH VINE STREET
LOS ANGELES

MRS. RUBY BACIGALUPI
1870 JACKSON STREET
SAN FRANCISCO

JOHN C. CUNEO
922 J STREET
MODESTO

GERALD C. KEPPLER
135 NORTH BRIGHT AVENUE
WHITTIER

REV. THOMAS H. MARKHAM
409 NATIVE SONS' BUILDING
SACRAMENTO

JOHN T. MARTIN
1170 SEVENTH AVENUE
SAN DIEGO

MRS. JESSIE S. WILLIAMSON
2816 OAK KNOLL TERRACE
BERKELEY

IN REPLY PLEASE REFER
TO:

AUG 31 1948

At 4:30 o'clock P. M.
FRANK M. JORDAN, Secretary of State

By *[Signature]*
Deputy

My dear Mr. Jordan:

Attached are three copies of the following regulations
issued by the State Department of Social Welfare:

BOARDING HOME MANUAL LETTER NO. 12

These regulations were adopted by the State Social Welfare Board on August 27, 1948, pursuant to the powers conferred upon it by the Welfare and Institutions Code under Section 103, and are being filed in accordance with Section 11380 of the Government Code.

These regulations were adopted by the State Social Welfare Board to be effective immediately upon filing with the Secretary of State, since this has been found necessary for the immediate preservation of the public peace, health and safety or general welfare and that notice and public procedure thereon are impracticable, unnecessary or contrary to the public interest.

Very sincerely yours,

[Signature]
CHARLES M. WOLLENBERG, Director
Department of Social Welfare

468:b5
Attachments

Certified as a Regulation (or
Regulations) of the

Dept of Social Welfare
(Name of State Agency)

Wm. Blumley
(Signature)

Director
(Title)

8/31/48
(Date)

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

616 K STREET
SACRAMENTO 14

September 3, 1948

164

FILED

In the office of the Secretary of State
of the State of California

AUG 31 1948

At 4:30 o'clock P. M.
FRANK M. JORDAN, Secretary of State

By  Deputy

BOARDING HOME MANUAL LETTER NO. 12

The attached revisions number 47 through 77 are to be entered in your copy of the Manual of Boarding Homes for Aged and Children and the revision numbers canceled on the inside of the manual cover.

The revisions which were approved by the Social Welfare Board on August 27, 1948, are effective September 1, 1948.

Secs. IX-350 and IX-400 have been revised to give instructions regarding the completion of the new Forms BH-82 and BH-83 which replace Forms BHA-82, BHC-82, BHA-83, and BHC-83.

Sec. IX-450 has been deleted since forms are no longer procured from the State Bureau of Purchases but are now procured from the SDSW.

Secs. XIII and XIV of the Appendix have been brought up to date.

Samples of the revised Forms BHA-80, BHC-80, BH-82, and BH-83 are included.

IX-400 INSTRUCTIONS FOR COMPILING FORMS

IX-400

Form BHA-80, Aged Affidavit.

- Item 1. Total amount paid by county for Aged Boarding Home administration. Enter the total expenditures for this program reported on the administrative expense worksheet for Salaries and Wages and Maintenance and Operation. (Same as Total Column 5, Form DFA 64A.)
2. Basis for State Participation. Enter the number of valid licenses reported on Form BH-83 and arrive at the amount by multiplying the total number of valid licenses by four dollars (\$4.00).
3. Amount Due from State Funds. This amount should be the same as the actual cost (Item 1 above) but must not exceed the basis for state participation (Item 2 above).

Form BHC-80, Children's Affidavit.

- Item 1. Total amount paid by county for Children's Boarding Home Administration. Enter the total expenditures for this program reported on the administrative expense worksheet for Salaries and Wages and Maintenance and Operation. (Same as Total Column 10, Form DFA 64A.)
2. Basis for State Participation. Enter the number of valid licenses reported on Form BH-83 and arrive at the amount by multiplying the total number of valid licenses by four dollars (\$4.00).
3. Amount Due from State Funds. This amount should be the same as the actual cost (Item 1 above) but must not exceed the basis for state participation (Item 2 above).

Forms BHA-80 and BHC-80 are affidavits and must carry the signature of the executive officer of the accredited licensing agency (e.g., County Welfare Director). The signature must be attested by a County Clerk, Notary Public, or other person authorized to administer oaths.

(Section Continued on Next Page)

IX-350 FORMS TO BE USED IN FILING CLAIMS

IX-350

Claims for subvention will be honored by the SDSW only if filed on the forms prescribed by the SDSW, viz.:

Form BHA-30.1, License to Conduct a Boarding Home for Aged Persons.

Form BHC-30.1, License to Conduct a Boarding Home for Children.

Form BHA-80, Affidavit - Monthly Claim for Reimbursement for Inspection and Licensing Services Rendered under Section 2302 of the Welfare and Institutions Code.

Form BHC-80, Affidavit - Monthly Claim for Reimbursement for Inspection and Licensing Services Rendered under Section 1622 of the Welfare and Institutions Code.

Form BH-82, Notice of Discontinuance of _____ Boarding Home Licenses.

Form BH-83, Boarding Homes for _____ List of Licenses to Support
Item 2 - Form BHA-80.

(See forms at end of Chapter IX)

IX-500 SEGREGATION OF AGED AND CHILDREN'S BOARDING HOME ADMINISTRATION COSTS

IX-500

Accredited licensing and inspection agencies engaged in the administration of the Aged and Children's Boarding Home program shall maintain such records as are necessary to segregate the costs of this program. Monthly reports shall be forwarded to the SDSW.

For accredited licensing and inspection agencies which are county welfare departments, instructions for the maintenance of records and the submission of reports, as set forth in the SDSW Manual of Policies and Procedures, shall be followed.

For accredited licensing agencies which are not county welfare departments, plans for the maintenance of such records and for the submission of reports shall be developed by the SDSW in cooperation with the individual agencies.

IX-400 (Continued)

IX-400

Form BH-82, Notice of Discontinuance of License.

Heading - Enter "Aged" or "Children's", whichever is applicable, in the space provided for the program before the words "Boarding Home Licenses".

Column 1. Enter case number and symbol (BHA or BHC) used by agency in identifying case.

Column 2. Enter full name of licensee exactly as it appeared on license.

Column 3. Enter date license terminated.

Column 4. Enter reason for discontinuance.

Form BH-83, List of Licenses to Support Item 2, Forms BHA-80 and BHC-80.

Heading - Enter "Aged" or "Children's", whichever is applicable, in the space provided for the program after the words "Boarding Homes For". Enter "BHA" or "BHC", whichever is applicable, in the space provided in the subheading "List of Licenses to Support Item 2, Form _____ 80".

Column 1. Enter case number and symbol (e.g., BHA or BHC) used by the agency in identifying cases.

Column 2. Enter the full name of the licensee exactly as it appears on the license issued.

Entries on Form BH-83 shall be made in case numerical order, double spaced.

Forms BHA-30.1 and BHC-30.1, License to Conduct a Boarding Home,

(See V-440 to V-470 inclusive.)

STATE OF CALIFORNIA

FORWARD TWO COPIES TO
STATE DEPARTMENT OF SOCIAL WELFARE
SACRAMENTO, CALIFORNIA

AFFIDAVIT - MONTHLY CLAIM FOR REIMBURSEMENT FOR INSPECTION AND LICENSING
SERVICES RENDERED UNDER SECTION 2302 OF THE WELFARE AND INSTITUTIONS CODE

BOARDING HOMES FOR THE AGED

FROM _____ ACCREDITED AGENCY

FOR THE MONTH OF _____ 19____ FISCAL YEAR
(FOR STATE USE ONLY)

1. TOTAL AMOUNT PAID BY AGENCY FOR AGED
BOARDING HOME ADMINISTRATION.
(TOTAL COL. AGED BOARDING HOME ADMINISTRATION DFA 64A) \$ _____
2. BASIS FOR STATE PARTICIPATION
(NO. OF VALID LICENSES _____ x \$4.00) = \$ _____
(SAME AS TOTAL ON BH-83)
3. AMOUNT DUE FROM STATE FUNDS \$ _____
(ITEM 1 ABOVE BUT NOT TO EXCEED
ITEM 2)

FOR STATE USE ONLY

4. STATE SHARE OF ADJUSTMENTS \$ _____
5. ADJUSTED AMOUNT DUE FROM STATE FUNDS \$ _____

STATE OF CALIFORNIA

COUNTY OF _____)
SS.

I, _____, BEING DULY SWORN, DEPOSE AND SAY: THAT
I AM THE EXECUTIVE OFFICER OF THE AGENCY ACCREDITED AND APPROVED BY THE STATE DEPARTMENT OF SOCIAL WELFARE
TO PERFORM INSPECTION AND LICENSING FUNCTIONS UNDER CHAPTER 11, DIVISION 3 OF THE WELFARE AND INSTITUTIONS
CODE, THAT I HAVE FULLY COMPLIED WITH THE LAW, RULES AND REGULATIONS GOVERNING THESE INSPECTION AND LICEN-
SING FUNCTIONS. THAT THE LICENSEES WHOSE NAMES APPEAR ON THE REPORT HERETO ATTACHED HELD VALID LICENSES
ON THE FIRST DAY OF THE MONTH FOR WHICH REIMBURSEMENT IS HEREBY CLAIMED.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY
OF _____, 19____

EXECUTIVE OFFICER OF THE ACCREDITED AGENCY

TITLE _____

TITLE _____

FOR STATE USE ONLY

THE ABOVE CLAIM HAS BEEN VERIFIED AGAINST SUPPORT-
ING DOCUMENTARY EVIDENCE AND, SUBJECT TO FIELD
AUDIT, IS APPROVED FOR PAYMENT.

DATE _____
SUPERVISOR, BUREAU OF AUDITS

CLAIM
NUMBER

DATE
RELEASED

SIGNATURE

AFFIDAVIT--MONTHLY CLAIM FOR REIMBURSEMENT FOR INSPECTION AND LICENSING
SERVICES RENDERED UNDER SECTION 1622 OF THE WELFARE AND INSTITUTIONS CODE

BOARDING HOMES FOR CHILDREN

From _____ Accredited Agency
for the Month of _____, 19 _____ Fiscal Year
(FOR STATE USE ONLY)

1. Total Amount Paid By Agency For
Children's Boarding Home Administration.
(Total Cal. Children's Boarding Home Administration DFA 64A) \$ _____
2. Basis for State Participation
(No. of valid licenses _____ x \$4.00) \$ _____
(Same as total on BH 83)
3. Amount Due From State Funds
(Item 1 above but not to exceed
Item 2) \$ _____

FOR STATE USE ONLY

4. State Share of Adjustments \$ _____
5. Adjusted Amount Due From State Funds \$ _____

STATE OF CALIFORNIA

COUNTY OF _____

} SS

I, _____, being duly sworn, depose and say:
That I am the executive officer of the agency accredited and approved by the State
Department of Social Welfare to perform inspection and licensing functions under
Chapter I, Part 3, Division 2 of the Welfare and Institutions Code. That I have
fully complied with the law, rules and regulations governing these inspection and
licensing functions. That the licensees whose names appear on the report hereto
attached held valid licenses on the first day of the month for which reimbursement
is hereby claimed.

Subscribed and sworn to before me this _____ day

of _____, 19 _____

Title _____

Executive Officer of the Accredited Agency

Title _____

FOR STATE USE ONLY

The above claim has been verified against su-
porting documentary evidence and subject to field
audit is approved for payment.

Supervisor, Bureau of Audits

Date _____

Claim
Number

Date
Released

Signature

NOTICE OF DISCONTINUANCE
OF _____ BOARDING HOME LICENSES
From _____ County
To Accompany _____ Claim
(Month)

1 CASE NUMBER	2 NAME OF LICENSEE	3 DATE LICENSE TERMINATED	4 REASON FOR DISCONTINUANCE

XIII (Continued)

XIII

Discontinuance of License

BH 31.2

Request for Discontinuance of License

Licensing Action Sheets

BH 32

Licensing Action Sheet - Boarding Homes and Institutions

BH 33

Closing Report - Boarding Homes for Children or Aged

Statistical Reports

BHA 41

Monthly Statistical Report on Licensing of Boarding Homes for Aged

BHC 41

Monthly Statistical Report on Licensing of Boarding Homes for Children

BHC 41.1

Statistical Report of Foster Homes Approved for Exclusive Use by Private Child Placing Agency

CPA 41

Monthly Statistical Report on Children Under Foster Care

Registers

BHA 50

Register for Homes for Aged

BHC 50

Register for Boarding Home for Children

Medical Consent

BHC 51

Parents' Signed Consent for Emergency Medical and Surgical Care

Notice of Death

BH 52

Notice of Death - BHA and BHC

Fiscal Forms

BHA 80

Affidavit - Monthly Claim for Reimbursement for Inspection and Licensing Services Rendered Under Section 2302, Welfare and Institutions Code

BHC 80

Affidavit - Monthly Claim for Reimbursement for Inspection and Licensing Services Rendered Under Section 1622, Welfare and Institutions Code

BH 82

Notice of Discontinuance of _____ Boarding Home Licenses

BH 83

Boarding Homes for _____ (List of Licensees)

XIII FORM INDEXForm No.NameApplication Forms

BHA 10	Application for License to Operate a Private Home for Aged
BHC 10.1	Application for License for Care of Children

Renewal Application Forms

BHA	Application for Renewal of License to Operate a Private Home for Aged
BHC 11.1	Application for Renewal of License - Care of Children

Withdrawal Forms

BH 12.1	Withdrawal of Application to Care for Aged or Children
---------	--

Reference Reports

BHA 20	Reference for License to Care for Aged Persons
BHC 20	Reference for License to Care for Children

Initial Investigation Reports

BHA 21	Report of Family Boarding Home for Aged
BHC 21	Report of Initial Foster Home Study

Renewal Investigation Reports

BHC 22	Report of Renewal Foster Home Study
--------	-------------------------------------

Inspection Request Forms

BH 23.6	Request for Inspection (Fire Safety, etc.)
---------	--

Notice of Investigation Completed (Accredited Inspection Agencies Only)

BH 25	Notification of Cases Ready for Review
-------	--

Licenses and Certificates

*BHA 30.1	License to Conduct a Boarding Home for Aged Persons
*BHC 30.1	License to Conduct a Boarding Home for Children
BHC 30.2	Certificate of Approval
BHC 30.3	Notification to Accredited Agency of Action Taken Regarding Homes Under Sec. 1622.5, W&I Code

*All forms obtainable from SDSw.

Forms marked with asterick are sold; all others are free.

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California Christian Home	Los Angeles	9
California Home for the Aged at Reseda	Los Angeles	10
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California P.E.O. Home	Los Angeles	10
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FOREWORD

The California State Department of Social Welfare herewith presents a directory of private institutions for aged in California which are known to be operating under Sections 2300 through 2360 of the Welfare and Institutions Code.

All of the institutions listed herein accept for care only ambulatory aged persons in good physical and mental health. Other requirements for admission are given for each institution.

Persons interested in homes which admit non-ambulatory or chronically ill patients should secure information from the State Department of Public Health. Persons interested in homes which admit persons suffering from mental illnesses or defects should secure information from the State Department of Mental Hygiene.

Some of the institutions listed offer life care on a contractual basis as provided in Sections 2350-2360 of the Welfare and Institutions Code; others offer care for life, without contract; others offer board and room on a monthly basis only. Those institutions offering life care on contract do so on the basis of a probationary period of several months during which either the home or the aged person may terminate the agreement. Institutions offering room and board by the month as a rule prefer permanent guests, but arrangements can usually be terminated on short notice.

Institutions offering life care on contract make provision for the care of residents who become ill, either in the institution or by outside hospital care. Some institutions offering life care without contracts are able to continue caring for ill or incapacitated residents, others accept no responsibility for this.

Persons interested in entering an institution for aged should communicate directly with the institutions for more detailed information on services offered and available accommodations. Application for admission can generally be made by correspondence but personal interviews are frequently required.

The directory is also available in booklet form and can be obtained from the State Department of Social Welfare upon request.

(Section Continued on Next Page)

AGED INSTITUTIONS IN CALIFORNIAALAMEDA COUNTY

THE ALTENHEIM, INCORPORATED
1720 MacArthur Blvd., Oakland 2

Services Rendered: Life care under contract

Auspices: The Altenheim, Incorporated

Capacity: 210 men and women

Geographical area served: Not restricted

Admission Policies: No restrictions as to residence, religion or nationality,
age 65 or over. Character references required.

Apply to: The institution

Rates: From \$4,000 to \$10,000, depending on age at admission and type of room.

BEULAH REST HOME, INCORPORATED
4690 Tompkins Avenue, Oakland 2

Services Rendered: Life care under contract and board and room by the month

Auspices: Women's Society of Christian Service of the California Conference
of the Methodist Church

Capacity: 47 men and women

Geographical area served: Not restricted

Admission Policies: Life care to members of the Methodist Church and board
by the month to others of Protestant faith at age 65 or
over. Preference given to retired ministers and their
wives.

Apply to: The institution

Rates: Information will be furnished by the institution.

CASA PERALTA REST HOME
384 Ward Street, San Leandro

Services Rendered: Board and room by the month

Auspices: A private commercial institution

Capacity: 22 men and women

Geographical area served: Local area primarily

Admission Policies: Admission at the discretion of the operator.

Apply to: The institution

Rates: \$60 to \$125 a month

(Section Continued on Next Page)

XIV (Continued)

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(Section Continued on Next Page)

XIV (Continued)

Page 6 of XIV

ALAMEDA COUNTY (Continued)

OUR LADY'S HOME

1900 - 34th Avenue, Oakland 1

Services Rendered: Board and room by the month. No nursing service, guests must secure hospital care for illness.

Auspices: Our Lady's Home - Sisters of Mercy

Capacity: 140 men and women

Geographical area served: Oakland

Admission Policies: Applicants of white race, preferably of Catholic faith admitted after personal interview. Guests must be able to care for own rooms and attend all meals in the dining room.

Apply to: The institution

Rates: Information will be furnished by the institution.

SALEM LUTHERAN HOME OF THE BAY CITIES, INC.

2361 East Twenty-ninth Street, Oakland 6

Services Rendered: Life care under contract

Auspices: Salem Lutheran Home Association

Capacity: 90 men and women

Geographical area served: Not restricted

Admission Policies: Restricted to Protestants of Caucasian race, age 65 or over.

Apply to: The institution

Rates: From \$8,000 and up, depending on age at admission and type of room.

BUTTE COUNTY

TWELFTH STREET REST HOME

474 East 12th Street, Chico

Services Rendered: Board and room by the month

Auspices: A private commercial institution

Capacity: 17 men and women

Geographical area served: Local area primarily

Admission Policies: No restrictions

Apply to: The institution

Rates: \$50 and \$75 a month

(Section Continued on Next Page)

XIV (Continued)

Page 5 of XIV

ALAMEDA COUNTY (Continued)

LITTLE SISTERS OF THE POOR OF OAKLAND
2647 E. 14th Street, Oakland

Services Rendered: A permanent free home
Auspices: Little Sisters of the Poor of Oakland, Incorporated
Capacity: 165 men and women
Geographical area served: Not restricted
Admission Policies: Destitute persons, over 60 years of age, regardless of residence, creed, race or nationality admitted.
Apply to: The institution (in person, if possible)
Rates: None

MASONIC HOME FOR AGED
Decoto

Services Rendered: Life care without contract
Auspices: Grand Lodge F. & A. M. of California
Capacity: 400 men and women
Geographical area served: California and Hawaiian Islands
Admission Policies: Master Masons in good standing for five years prior to application, their wives, mothers or widows, who are without other means of support admitted.
Apply to: Masonic Homes of California, through the Lodge in which membership is, or was, held.
Rates: None

MATILDA E. BROWN HOME FOR AGED WOMEN (LADIES' RELIEF SOCIETY OF OAKLAND)
360 - 42nd Street, Oakland 9

Services Rendered: Life care under contract
Auspices: Ladies' Relief Society of Oakland
Capacity: 36 women
Geographical area served: Not restricted
Admission Policies: Guests accepted at age 70 or over without regard to residence, religion or nationality.
Apply to: The institution
Rates: From \$8,000 to \$10,000, depending on age.

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XIV (Continued)

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FRESNO COUNTY (Continued)

ELLIS REST HOME II
65 Olive Avenue, Fresno

Services Rendered: Board and Room by the month

Auspices: A private commercial institution

Capacity: 18 women

Geographical area served: Fresno County primarily

Admission Policies: No restrictions as to religion, white race only.

Apply to: Mrs. Myrtle Ellis, 3836 Townsend Avenue, Fresno

Rates: Information will be furnished by the institution.

ELLIS REST HOME III
756 Elizabeth Street, Fresno

Services Rendered: Board and room by month

Auspices: A private commercial institution

Capacity: 21 men and women

Geographical area served: Fresno County primarily

Admission Policies: No restrictions as to religion, white race only

Apply to: Mrs. Myrtle Ellis, 3836 Townsend Avenue, Fresno

Rates: Information will be furnished by the institution.

MENNONITE HOME FOR AGED
13th and K Streets, Reedley

Services Rendered: Board and room by the month

Auspices: Pacific District Conference of the Mennonite Brethern Churches

Capacity: 46 men and women

Geographical area served: California, Oregon, and Washington

Admission Policies: Restricted to members of the Mennonite Conference Churches, 65 years of age or over.

Apply to: Board of Directors or the institution

Rates: From \$40 to \$55 per month, according to room and service required.

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XIV (Continued)

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FRESNO COUNTY

BETHEL LUTHERAN OLD PEOPLE'S HOME
East and Dockery, Selma

Services Rendered: Life care under contract and board and room by the month
Auspices: Pacific District of the United Evangelical Lutheran Church
Capacity: 36 men and women
Geographical area served: Not restricted
Admission Policies: No restrictions as to residence, religion or nationality,
age 65 or over. Preference given to members of the
Lutheran Church.
Apply to: Secretary, Bethel Home, 315 East Avenue, Selma
Rates: Board \$55 to \$60 a month. Life care rates determined at time of
application.

DEWHIRST REST HOME II
2823 Fresno Street, Fresno

Services Rendered: Board and room by the month
Auspices: A private commercial institution
Capacity: 20 men and women
Geographical area served: Fresno County primarily
Admission Policies: Admission at the discretion of the operator.
Apply to: Mrs. Laura Dewhirst, 2823 Fresno Street, Fresno
Rates: Information will be furnished by the institution.

ELLIS REST HOME I
1547 N Street, Fresno

Services Rendered: Board and room by month
Auspices: A private commercial institution
Capacity: 25 men and women
Geographical area served: Fresno County primarily
Admission Policies: No restrictions as to religion, white race only
Apply to: Mrs. Myrtle Ellis, 3836 Townsend Avenue, Fresno
Rates: Information will be furnished by the institution.

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XIV (Continued)

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LOS ANGELES COUNTY (Continued)

CALIFORNIA HOME FOR THE AGED AT RESEDA
228 W. 4th Street, Los Angeles 13

Services Rendered: Life care
Auspices: Jewish Community
Capacity: 15 men and women
Geographical area served: Los Angeles County primarily
Admission Policies: No restrictions as to religion, 65 years of age
Apply to: Mr. B. L. Garon, Executive Director
Rates: Information will be furnished by the institution.

CALIFORNIA LUTHERAN HOME
2500 So. Fremont, Alhambra

Services Rendered: Board and room by month
Auspices: Evangelical Lutheran Synod of California
Capacity: 25 men and women
Geographical area served: California primarily
Admission Policies: Restricted to Christian men and women over 60
years of age. Preference to members of
Evangelical Lutheran churches.
Apply to: The institution
Rates: From \$50 to \$100 a month, \$500 deposit

CALIFORNIA P.E.O. HOME
700 North Stoneman Avenue, Alhambra

Services Rendered: Life care under contract and board and room by the month
Auspices: California P.E.O. Sisterhood
Capacity: 55 women
Geographical area served: California
Admission Policies: Restricted to members of California P.E.O. Sisterhood
with ten years' standing.
Apply to: The institution
Rates: Determined by Board of Trustees on individual basis.

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XIV (Continued)

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LOS ANGELES COUNTY

ARBOR REST HOME

1209 E. Lexington Drive, Glendale 6

Services Rendered: Board and room by the month

Auspices: A private commercial institution

Capacity: 40 men and women

Geographical area served: Not restricted

Admission Policies: Guests accepted at age 65 or over at the discretion of the operator.

Apply to: The institution

Rates: From \$65 to \$125, depending on accommodations.

BRITISH OLD PEOPLE'S HOME IN CALIFORNIA, LTD.

647 Manzanita, Sierra Madre

Services Rendered: Life care without contract

Auspices: Daughters of the British Empire

Capacity: 16 men and women

Geographical area served: Twelve western states

Admission Policies: Restricted to persons of British birth or ancestry, 70 years of age or over.

Apply to: The institution

Rates: Information will be furnished by the institution.

CALIFORNIA CHRISTIAN HOME

1015 Mission Drive (P.O. Box 148), San Gabriel

Services Rendered: Life care without contract

Auspices: National Benevolent Association of the Christian Church

Capacity: 87 men and women

Geographical area served: California, Arizona, and Nevada

Admission Policies: Restricted to members in good standing of the Christian Church, with two years membership in this area, age 70 or over.

Apply to: National Benevolent Association through the institution

Rates: Admission fee \$100, \$150 for man and wife, assignment of property.

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XIV. (Continued)

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LOS ANGELES COUNTY (Continued)

HOLLENBECK HOME FOR THE AGED

573 So. Boyle Avenue, Los Angeles 33

Services Rendered: Life care without contract

Auspices: Board of Trustees, Hollenbeck Home for the Aged

Capacity: 299 men and women

Geographical area served: Southern California

Admission Policies: Restricted to Protestant residents of Southern California,
65 years of age or over.

Apply to: The institution (Personal interview any Tuesday afternoon)

Rates: \$1,000 and assignment of all additional property to be kept in trust
for member's use during life.HOME FOR THE AGED OF THE PROTESTANT EPISCOPAL CHURCH OF THE
DIOCESE OF LOS ANGELES, INC.

1428 South Marengo Avenue, Alhambra

Services Rendered: Life care without contract

Auspices: Protestant Episcopal Church of the Diocese of Los Angeles

Capacity: 46 men and women

Geographical area served: Diocese of Los Angeles

Admission Policies: Restricted to persons of Protestant birth with three
years residence in Los Angeles Diocese, age 65 or over.Apply to: Admissions Committee. There is usually a wait of five or six
years.

Rates: \$500 admission fee and assignment of property.

JEWISH HOME FOR THE AGED

325 South Boyle Avenue, Los Angeles 33

Services Rendered: Life care without contract

Auspices: Jewish Home for the Aged of Los Angeles

Capacity: 185 men and women

Geographical area served: Los Angeles County

Admission Policies: Restricted to needy persons of Orthodox Jewish faith,
age 65 years or over.

Apply to: The institution

Rates: None

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XIV (Continued)

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LOS ANGELES COUNTY (Continued)

EASTERN STAR HOME OF CALIFORNIA
11725 Sunset Blvd., Los Angeles

Services Rendered: Life care without contract
Auspices: Grand Chapter of California, Order of the Eastern Star
Capacity: 69 women
Geographical area served: California
Admission Policies: Restricted to members of California Eastern Star Chapters, age 65 and over. Ten years' membership in the Order, with five consecutive years immediately preceding application in present chapter required.
Apply to: Order of Eastern Star, 633 Phelan Bldg., San Francisco 2, through chapter in which applicant is a member.
Rates: None. Assignment of property.

ELIM COVENANT HOME
6720 Estaban Street, Tujunga

Services Rendered: Life care under contract
Auspices: Evangelical Mission Covenant Association of California
Capacity: 35 men and women
Geographical area served: Not restricted
Admission Policies: No restrictions as to residence or church affiliation, age 65 or over. Preference given to applicants of Swedish extraction and members of the Evangelical Covenant Church.
Apply to: The institution
Rates: Information will be furnished by the institution.

EUCLID VILLA
154 South Euclid Avenue, Pasadena

Services Rendered: Board and room by the month
Auspices: Lutheran Good Samaritan Society of California, Inc.
Capacity: 21 men and women
Geographical area served: Not restricted
Admission Policies: No specific entrance requirements
Apply to: The institution
Rates: \$75 to \$125, depending upon special needs.

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XIV (Continued)

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LOS ANGELES COUNTY (Continued)

MONTE VISTA GROVE HOMES

2889 San Pasqual Street, Pasadena 10

Services Rendered: Life occupancy of cottages and board and room by the month

Auspices: Synod of California (Presbyterian Church)

Capacity: 60 men and women

Geographical area served: No restrictions

Admission Policies: Restricted to Presbyterian Ministers and Missionaries
with twenty years service selected by the Board of
Trustees

Apply to: No applications being accepted.

NAZARETH HOUSE

3326 Clarington Avenue, Los Angeles

Services Rendered: Board and room by the month

Auspices: Poor Sisters of Nazareth of Los Angeles, Inc.

Capacity: 15 women

Geographical area served: Archdiocese of Los Angeles

Admission Policies: No restrictions as to religion or residence

Apply to: Mother Superior

Rates: Information will be furnished by the institution.

PACIFIC EVANGELICAL UNITED BRETHREN HOME

361 Cypress Avenue, Burbank

Services Rendered: Life care under contract and board and room by the month

Auspices: General Conference of Evangelical United Brethren Church

Capacity: 50 men and women

Geographical area served: Not restricted

Admission Policies: No restrictions as to residence, religion, race or
nationality, age 65 or over. Preference given to members
of the Evangelical United Brethren Church.

Apply to: The institution

Rates: Information will be furnished by the institution.

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XIV (Continued)

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LOS ANGELES COUNTY (Continued)

KING'S DAUGHTERS HOME FOR AGED

10548 Regent Street, Palms Station, Los Angeles 34

Services Rendered: Board and room by the month

Auspices: Southern California Branch of International Order of the King's Daughters

Capacity: 20 women

Geographical area served: Southern California

Admission Policies: Restricted to white Protestant women over 60 years of age.

Apply to: The institution

Rates: \$45 to \$50 monthly, according to room.

LITTLE SISTERS OF THE POOR HOME FOR THE AGED

2700 East First Street, Los Angeles 33

Services Rendered: A permanent free home

Auspices: Little Sisters of the Poor Home for the Aged, Inc.

Capacity: 250 men and women

Geographical area served: Not restricted

Admission Policies: No restrictions regarding residence, nationality or creed. Applicants must be over 60 years of age, without means of support.

Apply to: The institution, Mother Superior

Rates: None

McCLAIN'S GUEST HOME

256 S. Marengo Avenue, Pasadena 5

Services Rendered: Board and room by the month

Auspices: A private commercial institution

Capacity: 20 men and women

Geographical area served: Not restricted

Admission Policies: Admission at the discretion of the operator

Apply to: The institution

Rates: Information will be furnished by the institution.

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XIV (Continued)

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LOS ANGELES COUNTY (Continued)

MRS. MYRTLE PYLE

340 West Adams Boulevard, Los Angeles 7

Services Rendered: Board and room by the month

Auspices: A private commercial institution

Capacity: 24 men and women

Geographical area served: Local area primarily

Admission Policies: No restrictions as to religion, white race only.

Apply to: The institution or Bureau of Public Assistance

Rates: From \$75 a month

ROBERT AND MARY McELHINNY MEMORIAL HOME

3726 West Adams Blvd., Los Angeles 16

Services Rendered: Life care under contract

Auspices: Robert and Mary McElhinny Memorial

Capacity: 9 women

Geographical area served: Not restricted

Admission Policies: Three years residence in Los Angeles County prior to admission, age 60 or over.

Apply to: Robert and Mary McElhinny Memorial, 315 W. 9th Street, Los Angeles 15

Rates: From \$9,750 to \$25,500, depending on age at admission.

ROBINCROFT REST HOME

275 Robincroft Drive, Pasadena 6

Services Rendered: Life care without contract and board and room by the month

Auspices: Woman's Division of Christian Service of the Board of Missions and Church Extension of the Methodist Church

Capacity: 48 women

Geographical area served: Not restricted

Admission Policies: Restricted to registered deaconesses and missionaries of the Methodist Church in good standing with at least ten years of service.

Apply to: The institution

Rates: According to ability to pay. Minimum \$20 a month.

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XIV (Continued)

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LOS ANGELES COUNTY (Continued)

PACIFIC HOME

1055 North Kingsley Drive, Los Angeles

Services Rendered: Life care under contract

Auspices: Methodist Church

Capacity: 380 men and women

Geographical area served: California primarily

Admission Policies: Non-sectarian, some preference to California Methodists,
ages 65 to 80.

Apply to: The institution

Rates: From \$4,235 to \$10,967, varying with age at admission and type of
accommodation.

PASADENA HOME FOR THE AGED

2212 N. El Molino Avenue, Altadena

Services Rendered: Life care under contract

Auspices: Pasadena Home for Aged, Inc.

Capacity: 116 men and women

Geographical area served: Altadena-Pasadena Community Chest area

Admission Policies: Restricted to white, English speaking residents of
Altadena-Pasadena area, age 70 or over, non-sectarian.

Apply to: The institution

Rates: \$1,000 and assignment of all other property.

PILGRIM PLACE IN CLAREMONT

595 Mayflower Road, Claremont

Services Rendered: Board and room by month

Auspices: Pilgrim Place in Claremont, Inc.

Capacity: 132 men and women

Geographical area served: Not restricted

Admission Policies: No restrictions as to race or age. For retired
Christian workers, missionaries, ministers,
YMCA and YWCA secretaries.Apply to: Rev. Carl M. Gates, Exec. Sec'y., 595 Mayflower Road,
Claremont

Rates: No admission fee. Rents vary according to type of accommodation.

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XIV (Continued)

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LOS ANGELES COUNTY (Continued)

SUNSET HALL

1424 and 1504 So. Manhattan Place, Los Angeles

Services Rendered: Life care under contract and board and room by the month

Auspices: First Unitarian Church of Los Angeles

Capacity: 18 men and women

Geographical area served: Not restricted

Admission Policies: Restricted to members of the Unitarian or other liberal faiths, age 65 or over.

Apply to: The institution

Rates: Life care basic rates \$10,216 (65) \$4,064 (85 or over) for men; \$12,096 (65) to \$5,228 (85 or over) for women. Information as to monthly board rates will be furnished by the institution.

THOBURN TERRACE

115 No. Almansor Street, Alhambra

Services Rendered: Life care without contract

Auspices: Woman's Society of Christian Service of the Methodist Church

Capacity: 33 women

Geographical area served: Not restricted

Admission Policies: Restricted to retired missionaries and deaconesses of the Methodist Church between 65 and 75 years of age. Precedence given according to number of years service and need.

Apply to: The institution

Rates: According to ability to pay.

TWELVE OAKS LODGE

2820 Sycamore Avenue, Verdugo City

Services Rendered: Board and room by the month

Auspices: Verdugo Hills Sunshine Society, Incorporated

Capacity: 13 women

Geographical area served: Not restricted

Admission Policies: Restricted to white, Protestant women, age 60 or over.

Apply to: The institution

Rates: From \$60 to \$85 per month, according to accommodations.

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XIV (Continued)

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LOS ANGELES COUNTY (Continued)

SOLHEIM LUTHERAN HOME FOR THE AGED
2236 Merton Avenue, Eagle Rock

Services Rendered: Life care under contract and board and room by the month

Auspices: Lutheran Churches of Southern California

Capacity: 22 men and women

Geographical area served: Not restricted

Admission Policies: No restrictions regarding residence, religion or nationality, age 65 or over, preference given to applicants of Norwegian extraction and members of the Lutheran Church.

Apply to: The institution

Rates: Information will be furnished by the institution.

THE SOUTHERN CALIFORNIA TEACHERS' HOME
842 East Villa Street, Pasadena 4

Services Rendered: Life care under contract*

Auspices: Bureau of Welfare, California Teachers' Association, Southern Section

Capacity: 20 women

Geographical area served: Southern California

Admission Policies: Restricted to retired or disabled teachers with ten years in public schools in Southern California.

Apply to: Bureau of Welfare, California Teachers' Association, Southern Section,
612 South Figueroa Street, Los Angeles 14

Rates: Information will be furnished by the Bureau of Welfare.

SUNLAND GUEST HOME (VOLUNTEERS OF AMERICA HOME FOR AGED)
8504 Fenwick Street, Sunland

Services Rendered: Board and room by the month

Auspices: The Volunteers of America, Incorporated

Capacity: 33 men and women

Admission Policies: No restrictions as to race or religion, age 65 or over.

Apply to: Executive Headquarters, Volunteers of America, 333 South Los Angeles Street, Los Angeles 13

Rates: According to ability to pay.

* Not subject to Certificate of Authority, Sections 2350-2360, W&I Code

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XIV (Continued)

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LOS ANGELES COUNTY (Continued)

VERDUGO HOME (FORMERLY KNOWN AS SWEDISH BAPTIST PACIFIC HOME)
3845 Fletcher Drive, Los Angeles 41

Services Rendered: Life care under contract
Auspices: California Baptist Conference Churches
Capacity: 50 men and women
Geographical area served: West coast States (primarily California)
Admission Policies: No restrictions regarding nationality, only Christian
people of the white race over 65 years of age admitted.
Apply to: Board of Directors, c/o the institution
Rates: According to age and personal assets.

WESTERN ASSEMBLIES HOME
499 Monterey Road, South Pasadena

Services Rendered: Life care under contract and board and room by the month
Auspices: Plymouth Brethren
Capacity: 14 men and women
Geographical area served: Not restricted
Admission Policies: Restricted to needy members of Plymouth Brethren Assemblies,
65 years of age or over.
Apply to: Secretary, Board of Directors, 1108 S. Los Angeles Street,
Los Angeles 15
Rates: Information will be furnished by the institution.

W.C.T.U. HOME FOR WOMEN
2235 Norwalk Avenue, Los Angeles 41

Services Rendered: Life care under contract or board and room by the month
Auspices: Women's Christian Temperance Union of Southern California
Capacity: 105 women
Geographical area served: California
Admission Policies: No restrictions as to religion, race or nationality,
preference given to active members of Protestant churches
and W.C.T.U. members. Applicants accepted by the month
at age 50, for life at 65 years or over.
Apply to: The institution
Rates: \$65 to \$75 a month room and board; \$2,000 to \$7,250 for life care
according to age at admission and type of room.

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XIV (Continued)

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LOS ANGELES COUNTY (Continued)

TWIN PALMS REST HOME
222 East Artesia Boulevard, Artesia

Services Rendered: Board and room by month
Auspices: A private commercial institution
Capacity: 20 men
Geographical area served: Local area primarily
Admission Policies: White, non-sectarian
Apply to: The institution
Rates: \$125 a month and up.

UNITED PRESBYTERIAN HOME FOR AGED
1230 E. Windsor Road, Glendale

Services Rendered: Board and room by month, and life care under contract
Auspices: United Presbyterian Women's Association of the West
Capacity: 15 women
Geographical area served: Not restricted
Admission Policies: Any elderly woman who would not otherwise have a home
may be admitted, with preference to missionaries and
Christian life service workers.
Apply to: The institution.
Rates: Information furnished by the institution

VACATION HOME LEAGUE
503 Grand Blvd., Venice

Services Rendered: Board and room by the month
Auspices: Vacation Home League
Capacity: 8 women
Admission Policies: Restricted to white race. Applicants must be 65 years of
age with limited means.
Apply to: President, Vacation Home League
Rates: \$35 a month.

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XIV (Continued)

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ORANGE COUNTY (Continued)

SANTA ANA REST HOME
2102 No. Main Street, Santa Ana

Services Rendered: Board and room by the month
Auspices: A private commercial institution
Capacity: 23 men and women
Geographical area served: Local area primarily
Admission Policies: Admission at the discretion of the owner
Apply to: The institution
Rates: Information will be furnished by the institution

RIVERSIDE COUNTY

NEIGHBORS OF WOODCRAFT HOME
8432 Magnolia Avenue, Riverside

Services Rendered: Life care without contract
Auspices: Neighbors of Woodcraft, Portland, Oregon
Capacity: 119 men and women
Geographical area served: Jurisdiction of the Order (nine western states)
Admission Policies: Restricted to members of the Order, age 65 and over,
without means of support.
Apply to: Grand Circle, Neighbors of Woodcraft, 1410 S. W. Morrison,
Portland, Oregon.
Rates: No fixed rates. Assignment of property required.

SACRAMENTO COUNTY

KENNEDY HOME FOR THE AGED
Rt. 9, Box 3449, Sacramento
(In the "Town and Country" District)

Services Rendered: Board and room by the month
Auspices: A private commercial institution
Capacity: 24 men and women
Geographical area served: Not restricted
Admission Policies: No restrictions as to residence, religion, race or
nationality, age 65 or over.
Apply to: Mrs. E. Ardean Kennedy at the institution.
Rates: Information will be furnished by the institution.

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XIV (Continued)

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MARIN COUNTY

ALDERSLY

326 Mission Avenue, San Rafael

Services Rendered: Life care under contract

Auspices: Danish Benevolent Society

Capacity: 90 men and women

Geographical area served: California and Nevada

Admission Policies: Restricted to persons of Danish birth or ancestry,
age 65 or over.Apply to: Executive Office, Danish Benevolent Society, 26 Ocean Avenue,
San Francisco 12

Rates: Minimum \$6,000 at age of 65.

ORANGE COUNTY

BETHESDA CAMP MEETING GROUNDS (HOUSE OF BETHESDA)

Brookhurst and Firestone Roads, Anaheim

Services Rendered: Board and room by the month

Auspices: Bethesda Camp Meeting Grounds, Incorporated

Capacity: 37 men and women

Geographical area served: Not restricted

Admission Policies: No restrictions as to religion, race or nationality,
preference given to members of Full Gospel and
Pentecostal faiths.

Apply to: The institution

Rates: \$50 and up, according to type of room.

THE LUTHERAN HOME ASSOCIATION OF CALIFORNIA

891 South Walnut Street, Anaheim

Services Rendered: Life care under contract and board and room by the month

Auspices: Lutheran Home Association of California

Capacity: 19 men and women

Geographical area served: Not restricted

Admission Policies: No restrictions as to religion or nationality, preference
given to members of Lutheran church. Age 60 or over.

Apply to: The institution

Rates: From \$1,200 to \$7,500 for life care, depending upon age at admission
and type of room. Monthly guests \$50 and up, according to type of
room.

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XIV (Continued)

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SAN DIEGO COUNTY (Continued)

LITTLE FLOWER HAVEN
8585 La Mesa Blvd., La Mesa

Services Rendered: Board and room by the month
Auspices: Carmelite Sisters of the Divine Heart of Jesus
Capacity: 51 men and women
Geographical area served: Not restricted
Admission Policies: No restrictions regarding residence, religion, race or nationality.
Apply to: The institution
Rates: Information will be furnished by the institution

SAN DIEGO HEBREW HOME FOR THE AGED
2750 Fourth Avenue, San Diego

Services Rendered: Board and room by the month
Auspices: San Diego Hebrew Home for the Aged, Incorporated
Capacity: 15 men and women
Geographical area served: San Diego County
Admission Policies: Restricted to Hebrew residents of San Diego County 65 years of age or over. Preference given to most needy.
Apply to: Jewish Welfare Society of San Diego, 609 First National Building
Rates: \$100 a month maximum

SAN FRANCISCO COUNTY

CONVENT OF THE GOOD SHEPHERD
501 Cambridge Street, San Francisco

Services Rendered: Life care
Auspices: Sisters of the Good Shepherd
Admission Policies: No new admissions being accepted.

FRENCH HOSPITAL
4131 Geary Street, San Francisco

Services Rendered: Life care
Auspices: La Societe Francaise de Bienfaisance Mutuelle
Capacity: 12 men and women
Admission Policies: Restricted to members of La Societe Francaise. Intake closed at present.

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SAN DIEGO COUNTY

DODSON HOME

551 South Thirty-fifth Street, San Diego 2

Services Rendered: Board and room by the month

Auspices: Dodson Home, Incorporated

Capacity: 50 men and women

Geographical area served: San Diego County

Admission Policies: Restricted to residents of San Diego County

Apply to: The institution

Rates: \$40 to \$45 a month

FREDERICKA HOME FOR THE AGED

183 Third Avenue, Chula Vista

Services Rendered: Life care under contract

Auspices: Fredericka Home for the Aged, Incorporated

Capacity: 125 men and women

Geographical area served: Not restricted

Admission Policies: Restricted to persons of white race, 69 years of age and over, non-sectarian.

Apply to: The institution

Rates: Information will be furnished by the institution.

GOLDEN HILL REST HOME

2456 E Street, San Diego

Services Rendered: Board and room by month

Auspices: A private commercial institution

Capacity: 27 women

Geographical area served: San Diego County primarily

Admission Policies: Admission at the discretion of the operator

Apply to: Mrs. Addie M. Waud at institution

Rates: \$80 to \$125 a month

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XIV (Continued)

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SAN FRANCISCO COUNTY (Continued)

NATIVE DAUGHTERS OF THE GOLDEN WEST HOME
555 Baker Street, San Francisco 17

Services Rendered: Board and room by the month
Auspices: Native Daughters of the Golden West
Capacity: 24 women
Geographical area served: California
Admission Policies: Restricted to members of the Native Daughters of
the Golden West.
Apply to: The institution
Rates: Information will be furnished by the institution.

OLD PEOPLE'S HOME (CROCKER HOME)
2507 Pine Street, San Francisco 15

Services Rendered: Life care under contract
Auspices: Old People's Home, Incorporated
Capacity: 115 men and women
Geographical area served: Not restricted
Admission Policies: No restrictions regarding residence, religion, or
nationality. Applicants must be white, English
speaking, 70 years of age or over.
Apply to: The institution
Rates: Information will be furnished by the institution.

PROTESTANT EPISCOPAL OLD LADIES' HOME
2770 Lombard Street, San Francisco 23

Services Rendered: Life care under contract
Auspices: Protestant Episcopal Church
Capacity: 81 women
Geographical area served: California
Admission Policies: Restricted to members of Protestant faiths, age 65
or over. Preference given to Episcopalians.
Apply to: Chairman of the Membership Committee at the Home
Rates: From \$5,000 to \$7,000, depending on age at admission. Fee
pending increase.

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XIV (Continued)

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SAN FRANCISCO COUNTY (Continued)

HEBREW HOME FOR AGED DISABLED
302 Silver Avenue, San Francisco

Services Rendered: Life care without contract
Auspices: Constituent of San Francisco Federation of Jewish Charities
Capacity: 140 men and women
Geographical area served: City and County of San Francisco
Admission Policies: Restricted to persons of Jewish faith with five years residence in San Francisco, women 60 years of age and over, men 65 years of age and over.
Apply to: Bureau for Care of the Aged, Eureka Bldg., 1600 Scott Street, San Francisco
Rates: According to the individual case.

HEBREW NURSING HOME
301 Lyon Street, San Francisco

Services Rendered: Life care under contract and board and room by month, nursing care
Auspices: An incorporated non-profit institution
Capacity: 8 men and women
Geographical area served: Local area primarily
Admission Policies: Restricted to persons of Jewish faith
Apply to: Mr. Saponar, Supt., institution
Rates: According to ability to pay

HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR INCORPORATED
300 Lake Street, San Francisco

Services Rendered: A permanent free home
Auspices: Little Sisters of the Poor
Capacity: 300 men and women
Geographical area served: Not restricted
Admission Policies: No restrictions regarding residence, religion, race or nationality, age 60 years or over. Preference given to the most needy
Apply to: Mother Superior
Rates: None

(Section Continued on Next Page)

XIV (Continued)

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SANTA CLARA COUNTYODD FELLOWS HOME OF CALIFORNIA
Saratoga

Services Rendered: Life care under contract, or without contract

Auspices: Grand Lodge, I.O.O.F. of California

Capacity: 200 men and women

Geographical area served: California

Admission Policies: Restricted to members of I.O.O.F. of California or widows,
mothers, or sisters of members; or members of Rebekah
Branch of I.O.O.F. of California; age 60 or over.Apply to: Mr. Frank D. Macbeth, Secretary, Board of Trustees, Odd Fellows
Building, Seventh & Market Streets, San Francisco

Rates: Information will be furnished by the institution

SHELTERING ARMS (PRATT HOME FOR AGED)
1195 South First Street, San Jose

Services Rendered: Life care under contract

Auspices: Sheltering Arms Society

Admission Policies: Admissions closed. Institution is caring for remaining
life care members only.STANISLAUS COUNTYBETHANY HOME FOR THE AGED
Turlock

Services Rendered: Life care under contract

Auspices: Evangelical Mission Covenant Association of California

Capacity: 39 men and women

Geographical area served: Not restricted

Admission Policies: Restricted to white, Protestants, age 65 or over.

Apply to: The institution

Rates: From \$2,500 to \$6,500, depending on age at admission and type of room.

XIV (Continued)

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SAN FRANCISCO COUNTY (Continued)

UNIVERSITY MOUND OLD LADIES' HOME
350 University Street, San Francisco

Services Rendered: Life care under contract and board and room by the month

Auspices: University Mound Old Ladies' Home, Incorporated

Capacity: 72 women

Geographical area served: Not restricted

Admission Policies: No restrictions regarding religion, race or nationality,
age 65 or over.

Apply to: The institution

Rates: From \$5,500 to \$10,000, depending on age at admission and type of room.

SAN JOAQUIN COUNTY

DREAM RANCH HOME
Rt. 2, Box 319, Stockton

Services Rendered: Board and room by month

Auspices: A private commercial institution

Capacity: 19 men and women

Geographical area served: Local area primarily

Admission Policies: No special requirements

Apply to: The institution or Mrs. Irene Burnham, Manager

Rates: \$60 to \$75 a month

SANTA BARBARA COUNTY

ALEXANDER HOUSE
2120 Santa Barbara Street, Santa Barbara

Services Rendered: Board and room by the month

Auspices: Santa Barbara Association for Old Age Care, Incorporated

Capacity: 20 men and women

Geographical area served: Santa Barbara

Admission Policies: No restrictions as to race or religion, age 65 or over.

Apply to: The institution

Rates: Information will be furnished by the institution.

(Section Continued on Next Page)

MAIN OFFICE
SACRAMENTO
616 K STREET
(14)

LOS ANGELES OFFICE
WASHINGTON BUILDING
311 SOUTH SPRING STREET
(13)

SAN FRANCISCO OFFICE
GRAYSTONE BUILDING
948 MARKET STREET
(2)

Earl Warren
Governor

17th E- 22
CHAPTER 2

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES M. WOLLENBERG
DIRECTOR

Sacramento 14
September 30, 1948

SOCIAL WELFARE BOARD

BEN KOENIG, CHAIRMAN
1680 NORTH VINE STREET
LOS ANGELES

MRS. RUBY BACIGALUPI
1870 JACKSON STREET
SAN FRANCISCO

JOHN C. CUNEO
922 J STREET
MODESTO

GORDON X. RICHMOND
84 PLAZA
ORANGE

REV. THOMAS H. MARKHAM
413 NATIVE SONS' BUILDING
SACRAMENTO

JOHN T. MARTIN
1170 SEVENTH AVENUE
SAN DIEGO

MRS. JESSIE S. WILLIAMSON
2816 OAK KNOLL TERRACE
BERKELEY

Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

FILED
in the office of the Secretary of State
of the State of California

SEP 30 1948

At 4:30 o'clock P. M.

FRANK M. JORDAN, Secretary of State

By Robert V. Jordan
Assistant Secretary of State

IN REPLY PLEASE REFER
TO:

My dear Mr. Jordan:

Attached are three copies of the following regulations
issued by the State Department of Social Welfare:

REVISIONS TO MANUAL OF POLICIES AND PROCEDURES

These regulations were adopted by the State Social Welfare Board on September 23, 1948, pursuant to the powers conferred upon it by the Welfare and Institutions Code under Sections 103, 103.5, 103.6, and 114b, and are being filed in accordance with Section 11380 of the Government Code.

These regulations were adopted by the State Social Welfare Board to be effective immediately upon filing with the Secretary of State, since this has been found necessary for the immediate preservation of the public peace, health and safety or general welfare and that notice and public procedure thereon are impracticable, unnecessary or contrary to the public interest.

Very sincerely yours,

Charles M. Wollenberg
CHARLES M. WOLLENBERG, Director
Department of Social Welfare

468:b5
Attachments

An expenditure for purposes of administration must be for purposes other than "assistance" (cash or kind), must be directly pertinent or reasonably related to the provision of assistance in the category to which it is allocated, and must not be properly chargeable to another program or to any form of assistance as such. (FSS-Admin.)

The usual activities involving costs of public assistance administration for which federal participation may be claimed are:

1. Supervising the operation of public assistance programs;
2. Developing, evaluating, and modifying standards of operation;
3. Maintaining social, financial, and statistical records;
4. Preparing and presenting information to official bodies and the public;
5. Determining the original and continued eligibility of individuals for financial assistance and ascertaining the amount of assistance to be granted; e.g.:
 - a. The cost of blind eye examinations. (See Secs. 180-15, Determination of Degree of Blindness; 180-50, Reexamination of Eyes to Determine Continued Eligibility, 235-00, Physician's Reports of Eye Examinations; and 645-31, Expenditures for Eye Examinations.)
 - b. The cost of examination of incapacitated or tuberculous father by a private physician. (a)
 - c. The cost of \$1.00 for search of draft records. (See Sec. 107-85, Draft Board Records as Age Evidence.)
 - d. The cost of search of census records, \$1.00 for routine search or \$3.00 provided the circumstances justify a special search. (See Sec. 107-65, U. S. Census Records as Age Evidence.)
6. Providing such financial assistance. (W&IC 1553, 2186, 3087; FSS-Admin.)

FILED

in the office of the Secretary of State
of the State of California

SEP 30 1948

At 4:30 o'clock P. M.

FRANK M. JORDAN, Secretary of State

By Robert Jordan
Assistant Secretary of State

Federal participation may be claimed on a prorated or segregated basis in the proper and reasonable cost of providing service of the kind needed by the welfare department for civil service administration.

Federal participation in the costs of a civil service department may be determined on either of the following bases:

(1) Costs of special services

- (a) As a direct cost, excluding overhead, of a special service to the welfare department as, for example, the cost of an examination for a class of positions occurring only in the welfare department and/or
- (b) As a pro rata cost of a special service, excluding overhead, in which the welfare department shares with other agencies, as, for example, the cost of an examination and the establishment and use of a register which will be used to fill positions in the welfare department and in other county agencies.

(2) Costs of continuing services

- (a) As a pro rata share of the total costs incurred by the county civil service department in rendering the services needed to carry out the personnel standards, performed as a continuing service to the welfare department, including that part of the over-all administrative costs properly chargeable to such services.
- (b) As a pro rata share of the costs incurred by the county civil service department in rendering one or more of the services needed to carry out the personnel standards, performed as a continuing service for the welfare department, including that part of the over-all administrative costs properly chargeable to the service or services rendered.

The SDSW shall be consulted regarding the cost allocation plan to identify the above costs. The resulting costs shall be reported currently and shall be identified as an expense of the county civil service department when itemized on the Administrative Expense Worksheet (Form DFA 64A) submitted to the SDSW with the Administrative Expense Affidavit (Form ABC 807). The county shall maintain records to substantiate these costs. (FSS-Admin.)

Federal participation may also be claimed for goods, services, or facilities (see Sec. 645-21, Expenditures for Goods, Facilities, and Services from Other County Agencies) expended by agencies of county government other than those enumerated in the preceding sections provided the county can substantiate by plan material submitted to the SDSW the reasonableness and propriety of such charges. Written approval from the SDSW is required.

Purchase

Federal participation may be claimed for expenditures made by the county for automobiles which are to be used by the county welfare department. The purchase price will be listed as a capital outlay item under Gross Expenditures on the Maintenance and Operation and Capital Outlay Worksheet (DFA 64A). The non-allocable portion of the payment (taxes, etc.) shall be posted to Extraneous Expenditures and the allocable portion if not directly allocable to programs will be posted to Over-All Expenditures.

If an automobile has been traded in and a newer one received, the added cost of the transaction may be allocated to Over-All.

The amount of abatement received from transfer of an automobile which is not to be replaced will be handled as an abatement at the date of transfer.

The sale of an automobile will be handled as an abatement of expenses.

Maintenance and Operation of Automotive Equipment

The county welfare department may claim federal participation for the expense incurred in the maintenance and operation of automobiles used in conjunction with the administration of assistance programs eligible for federal participation.

In the event the county welfare department draws its vehicles from a county-operated "motor-pool", the welfare department may claim for federal participation for its share of the expense of the "pool" provided the welfare department prorate is made in a manner which equitably and fairly charges them for their share of the cost and provided adequate records are maintained which are readily accessible for audit or review.

(a)

Automotive upkeep expense will be listed as a maintenance and operation expense and where not directly allocable to a program shall be posted to Over-All Expenditures and allocated as such. (FSS-Admin.)

Federal participation may be claimed as follows for expenditures made for automobiles which are to be used by the county welfare department:

Claim of Purchase Price

The purchase price may be claimed, and when so claimed shall be entered as a capital outlay item on the Administrative Expense Worksheet (Form DFA 64A). The allocable portion, if not directly chargeable to a program, shall be charged to overall expenditures.

If an automobile is traded in and another purchased, the added cost of the transaction, if not directly chargeable to a program, shall be charged to overall expenditures.

(a) Clarification.

The amount of Blue Book value applicable in transfer of an automobile to another county agency shall be handled as an abatement to expense as of the date of transfer. The sale of an automobile (other than a trade-in) shall be handled as an abatement of expense in the amount realized from the sale.

Automotive Maintenance and Operation

Automotive up-keep expenses, such as gasoline, oil, lubrication, repairs, etc., when disbursed from the welfare appropriation, will be listed as maintenance and operation and, if not directly allocable to program, shall be posted to overall expenditures and allocated as such.

Claims for Motor Pool Cost

If a county welfare department draws its automobiles from a county operated motor pool, it may claim federal participation for its share of the cost of use of such automobiles provided the welfare department pro-rate is made in a manner which equitably and fairly charges for the proper share of the cost. Claim for cost of use may include amortization of the purchase cost on the basis of an estimated life of 100,000 miles. To determine the amortization rate per mile the net cost of the automobile (excluding taxes, trade-in, etc.) shall be divided by 100,000.

(a)

A record shall be maintained by the county for each automobile for which cost of use is so claimed, fully identifying it by make, model, and serial number, and showing the date of each trip, the name of the employee using the automobile, and the number of miles traveled. Claim for reimbursement will be allowed only when such records, complete with all of the necessary information, are on file in the county and readily available for verification.

If an automobile for which cost of use has been claimed is later sold or transferred, an abatement of expense need not be reported. (FSS-Admin.)

(a) Clarification.

In determining the proper program to be charged with an expenditure, consideration is given either to the program to which the benefits of the expenditure accrue or to the program necessitating the expense, whichever gives the most logical and equitable relationship between program and expense. All factors are considered and as much expense as possible identified with the individual program, thus insuring the soundest basis for apportionment of joint and over-all charges. The following rules govern the allocation of administrative expenses:

1. Salary of an employee working full time on a specific program is charged to that program.

Example: A public assistance worker is assigned to the ANC-el program and works full time on that program. His salary would be charged directly to the ANC-el (CA-el) program.

2. Salary of employee working on two or more programs, excluding supervisors and assistants whose time cannot readily be allocated as direct charges, is apportioned to programs on the basis of the number of man-hours worked on each program, as shown by time reports maintained by employee.

Example: A clerk in the county office records 100 productive hours of work during a month, 75 hours on ANC-el and 25 hours on ANB-inel. Therefore, 75/100ths of the employee's salary for that month is charged to the ANC-el program and 25/100ths to the ANB-inel program.

3. Salary of employee who works on two or more but not all programs, whose time cannot be readily allocated and who is not included under 2 above, is apportioned as joint salary expense to the programs involved in the ratio that it bears to the total salary cost allocable to each program under 1 and 2, above.

Example: A public assistance supervisor, Grade 1, supervises public assistance workers assigned to OAS, ANB-el and ANC-el. The portion of the supervisor's salary to be charged to the OAS program will bear the same ratio to her total salary as total salary cost allocated to the OAS program bears to the total salary costs allocated to the OAS, ANB-el and ANC-el programs.

4. Salary of employee performing duties where none of his working time, or a negligible portion thereof, is identifiable with specific programs, is apportioned as over-all expenses in the ratio that the total salary cost of each program bears to the total salary cost of all programs, as ascertained under 1, 2, and 3, above.

Example: An accountant handles the accounting for all activities of the county welfare department. The portion of his salary charged to the OAS program bears the same ratio to his total salary that the total salary cost of the OAS program (excluding over-all salaries) bears to the total salary cost of all programs (excluding over-all salaries), etc.

- 4a. Salary of an employee of the county welfare department who normally spends a constant proportion of his time on extraneous activities may be divided between extraneous and public assistance activities on the basis of a ratio established by experience.

This ratio and the time allocation plan for that portion of his time charged to public assistance must be approved in advance by SDSW.

Sec. 645-50, Computing Less Than Full Monthly Salary, shall be followed in determining the amount of salary due an employee for periods of less than one month when such employee is not on per diem basis.

Expenditures for maintenance and operation or capital outlay are apportioned as follows:

5. When identifiable with a specific program, charge to that program.

Example: The cost of a supply of GR (formerly IN) forms, for use in the county office, is charged directly to the GR program.

6. When not readily allocable and not included under 5, and applicable to two or more but not all programs, charge as joint expense in the ratio that the total salary cost of each program involved bears to the total salary cost of all programs involved.

Example: A typewriter is purchased for use on OAS and GR (formerly IN) programs. The portion of the expenditure charged to the OAS program bears the same ratio to the total expenditure that the total of the salaries and wages allocated to the OAS program bears to the total of all salaries and wages of the OAS and GR programs, etc.

7. When not identifiable with specific programs, apportion as over-all expenses in the ratio that the total salary cost of each program bears to the total salary cost of all programs.

Example: A typewriter is purchased for general use and no portion of the cost is, therefore, assignable to any specific program or activity. The portion of the expenditure charged to the OAS program bears the same ratio to the total expenditure that the total salary cost of the OAS program bears to the total salary cost of all programs, etc. (FSS-Admin.)

8. Other manual sections allow the claiming of certain expenditures of county agencies other than the welfare department. These may not be readily allocable under paragraphs 1 through 7. In such circumstances the county may submit plan material setting forth the proposed method of accumulation of such charges and their allocation as to program. The plan material should include effective dates, proof that the charges are permissible under county charter, ordinance, or other regulation, and evidence that the charges are equitable. Written SDSW approval is required. (FSS-Admin.) (a)

(a) To incorporate existing policy into manual.

Salaries and wages paid to employees of a county welfare department are apportioned among the programs administered by the department in accordance with the ratio of gross man-hours worked on each program by each employee. The basis of this recording is the maintenance by employees of daily and/or monthly time records. Such time recording by employees is a continuous process and the allocation of time among programs is done individually by all persons whose daily work is identifiable with different programs. (See Sec. 645-71, Rules for Allocating Administrative Expense.)

The daily and monthly SDSW time recording forms (Forms DFA 42 and DFA 43) provide the necessary facilities for making such a segregation. Any county wishing to substitute a specially designed form to suit its particular needs shall submit the proposed form to the SDSW for approval.

Forms used in recording time are:

1. Employee's Individual Daily Time Record (Form DFA 42). Time is recorded on this form to the nearest thirty minutes and is totaled by programs at the end of each day for posting to the Monthly Time Record (Form DFA 43). All time worked during a day, including overtime, shall be recorded on Form DFA 42 by employees who work on more than one program and whose duties are such that their time is segregable by programs. Daily copies are submitted to employee's supervisor or time clerk at end of month (with Form DFA 43) for checking as to accuracy. Completed Forms DFA 42 shall be maintained on file in county office for the current and immediately preceding month. (See Form DFA 42 in Sec. 646-99, Administrative Expense Forms.)
2. Employee's Monthly Time Record (Form DFA 43). Time is recorded on this form to the nearest half hour by every county employee whose salary in whole or in part is paid from funds budgeted for the county welfare department and whose name appears on the pay roll of that department. Employees who work on one program only or whose duties are such that no segregation by program can be made of their time are not required to use Form DFA 42 and shall post their time directly to Form DFA 43. Employees who keep Form DFA 42 shall transfer their daily time totals to Form DFA 43, adjusting to the nearest half hour. Provision is made for employees maintaining an individual personnel record for vacation and sick leave. In the event no other approved record of sick leave or vacation is maintained, these records shall be completed monthly showing accumulated vacation and sick leave available at the beginning of the month, additions and deductions during the month and balances remaining at the end of the month which are then transferred to the succeeding Employee's Monthly Time Record. (See Secs. 077-06, Granting of Sick Leave, and 077-08, Allowance for Vacation.) After completion of Form DFA 43, it must be signed by the employee and countersigned by the employee's supervisor, who attests to the accuracy of the time record. Copies of Form DFA 43 shall be available for inspection and audit and shall be retained in the county files until authorization for their destruction has been secured from the SDSW. The data on Administrative Expense Work Sheet for Allocation of Expenditures Based on Results of Time Recording (Form DFA 64) are compiled from Form DFA 43. (See Secs. 646-70, Rules for Allocating Administrative Expense, and 646-80, Forms Used in Administrative Expense Claims.) (See Form DFA 43 in Sec. 646-99, Administrative Expense Forms.)

(a)

(a) To incorporate existing policy into manual.

"Title" on Form FA 42 and DFA 43, respectively, sans the employee's civil service or merit system classification. (W&IC 1560, 2140, 3075; FSS-Admin.)

Salaries and wages paid to employees of a county welfare department are apportioned among the programs administered by the department in accordance with the ratio of gross man-hours worked on each program by each employee. Therefore, time reports are required of all welfare department employees, including the welfare director and supervisors. Time recording is a continuous process and the allocation of time to programs is accomplished individually by each employee. Forms used in the recording of employees' time are the Employee's Individual Daily Time Record, Form DFA 42, and the County Employee's Monthly Time Record, Form DFA 43.

Employee's Individual Daily Time Record, Form DFA 42 is used by employees who work on more than one program and whose duties are such that their time is segregable by programs. Time is recorded by these employees on the Daily Time Record to the nearest half hour and is totaled by program at the end of the day and the totals are then posted to the Monthly Time Record. All time worked, including overtime, is recorded each day.

County Employee's Monthly Time Record, Form DFA 43 is maintained by all employees for two general purposes:

1. As a record of time spent during the month segregated by program.
2. As a record of sick leave, vacation, and other time off.

(a)

Employees whose time is segregable by programs and who keep the Daily Time Record will transfer the time charges from the daily to the monthly Records.

County welfare directors, supervisors, and employees whose time can not be segregated or who work on one program only, are not required to keep the Daily Time Record, but shall complete the Monthly Time Record, recording time to the nearest half hour. If the work assignment is constant throughout the month a line may be drawn through the entire month and the program worked on written in over the line. The Monthly Time Record shall be signed by the employee at the end of the month and attested to by the supervisor.

If the welfare department does not maintain other readily available records of sick leave, vacation, and other time off, the county shall keep such information on a current basis on the Monthly Time Record. Provision is made on the form for showing balances at the beginning of the month, accumulations during the month, time off during the month, and the balance at the end of the month.

The Daily Time Record, (Form DFA 42) completed in detail, shall be maintained on file in the county and shall be readily available for inspection for the current and the immediately preceding month.

(a) To incorporate existing policy into Manual.

The Monthly Time Record, (Form DFA 43) completed in detail, signed by the employee, and certified to by the employee's supervisor, shall be available for inspection and audit and shall be maintained in the county files until required authorization for their destruction has been procured from the SDSW. Approval of administrative expense claims submitted to the SDSW depends upon the availability and completeness of these reports.

(a)

Exceptions to the above procedure in the maintenance of daily and monthly time records will not be allowed unless the county has submitted its alternate plans or forms to the SDSW and has secured approval in writing.
(W&IC 1560, 2140, 3075, FSS-Admin.)

(a) To incorporate existing policy into Manual.

700-00 ASSIGNMENT OF STATE NUMBERS

700-00

OAS

The county shall assign state numbers to OAS applications granted by the board of supervisors.

1. Cases never before on OAS in county

List names in alphabetical order and assign numbers in sequence beginning with the number following the number assigned to the last case granted by the previous board action.

2. Cases previously on OAS in county

Reassign the former state number.

Exception: Spouses who formerly received OAS under one number in the county.

- a. If both spouses return to OAS, reassign the former number to the husband and assign a new number to the wife.
- b. If one spouse returns to OAS, assign a new number unless the other spouse is deceased; in the latter instance reassign the former number.

Whenever the term "State Number" is used, it refers to the combination of county prefix, numerical designation, and categorical suffix; e.g., Ala 10101 Ag.

2140) The OAS number series shall be independent of the ANB-APSB series. (WR IC